



NORTHWEST REGIONAL HOUSING AUTHORITY

*Serving Baxter, Boone, Carroll, Madison, Marion, Newton & Searcy Counties
Housing Services and Education for Families and Businesses in Northwest Arkansas*

Thank you for your interest in the Housing Choice Voucher program. We provide rental assistance in the counties of Baxter, Boone, Carroll, Madison, Marion, Newton, and Searcy. Attached is the Section 8 Housing Application for the Northwest Regional Housing Authority the household will need to complete. The 214 status form must be completed for each member of the household.

Applications MUST be turned in with all the following documents (if applicable):

- 1.Photo ID(s) (All adults in the household)**
- 2.Birth Certificate(s) (All minors in the household)**
- 3.Social Security Card(s) (All members of the household)**

If these documents are not included with the application, it will be incomplete and returned to you.

When you come upon the waiting list, you will be required to verify income, assets and any other documents we may require. If you are eligible for assistance, you will be issued a VOUCHER and REQUEST FOR TENANCY packet. You will have 60 days to find a unit and return the Request for Tenancy packet. If you do not return the forms by the deadline, you will be removed from the waiting list, but will be eligible to re-apply. You are responsible for all rent on the unit until the contract is started. The housing authority will perform a criminal background check on all adults ages 18 and older.

Documents can be returned via:

- * Mail: NORTHWEST REGIONAL HOUSING AUTHORITY
PO BOX 2568
HARRISON, AR 72602
- * Email: intake@nwregionalhousing.org
- * Fax: 870-741-9234
- * Attach to *paperclip* on online application, if applying electronically.

To complete the application online go to <https://nwregionalhousing.org/section-8-rental-assistance/> and select HERE.
**please remember to make sure all copies, front and back, are returned. Documents returned via email must be scanned and sent as an attachment.

If you have a change of address or contact information, you must notify the PHA or your application will be dropped.



addressing Affirmative Fair Housing needs as an Equal Opportunity provider and employer
114 Sisco Ave • P O Box 2568 • Harrison, Arkansas 72602 • 870-741-5522
Fax 870-741-9234 • Email section8@nwregionalhousing.org
<http://www.nwregionalhousing.org>



Northwest Regional Housing Authority, PO BOX 2568, Harrison, AR 72602
ALL INFORMATION REQUIRED BY HUD Phone: (870) 741-5522 Fax: (870) 741-9234

If you require a reasonable accommodation, please notify a housing authority staff person at the time of your request regarding housing needs.

Applicant's Legal Name _____ What County Are You Applying for? _____

Mailing Address _____ Maiden Name (if applicable) _____

City _____ State _____ Zip _____ Phone Number _____

Preferred method of contact: ☐ US MAIL ☐ Text ☐ Email E-mail Address _____

LIST ALL HOUSEHOLD MEMBER'S INFORMATION BELOW, INCLUDING YOURSELF.

HOUSEHOLD COMPOSITION					
List yourself first Full Name including middle initial	Relationship	Age	Sex	Social Security Number	Race
1.					
2.					
3.					
4.					
5.					
6.					
7.					

List place of birth, date of birth, indicate marital status and occupation for each household member as number above

PLACE OF BIRTH City and State	Date of Birth			Married, Separated, Divorced, Single	Occupation
	Month	Day	Year		
1.					
2.					
3.					
4.					
5.					
6.					
7.					

FAMILY COMPOSITION

	YES	NO
Do you expect your family composition to change in the next twelve months? (Change in family size)		
If yes, explain		

PERSONAL DECLARATION

	YES	NO
Are you homeless?		
Have you or any household members lived in subsidized housing? (Rental Assisted)		
If yes, list where and when		
Have you or anyone in the household been arrested/convicted of any crime other than traffic violations?		
If yes, explain		

Have you ever committed fraud in a federally assisted housing program or been requested to repay money to a housing authority?			
If yes, explain			
Is anyone in your household a registered sex offender in any state?			
<small>If an applicant or member of the household is a lifetime registered sex offender, or if an applicant withholds or falsifies information on the application, the PHA MUST deny admission to the program. The applicant will be notified of the right to dispute the accuracy and relevance of the background check information (24 CFR 5.905 (d) and 24 CFR 960.204 © for PHAs; Paragraph 8-14 C of Handbook 4350.3 REV-1. ITUD requires denial of assistance 24 CFR 982.533 (a) to any household member who has ever been subject of a lifetime registration requirement under a state sex offender registration program even if the</small>			
INCOME		YES	NO
Do you or anyone in the family have an income?			
Are any household members employed?			
Who is employed?	Employer		
Gross income per month (before taxes or deductions)			
Are any household members self-employed?			
DO ANY HOUSEHOLD MEMBERS RECEIVE THE FOLLOWING?		YES	NO
Social Security Benefits			
Who?	Gross Monthly Amount		
Supplemental Security Income			
Who?	Gross Monthly Amount		
VA Benefits			
Who?	Gross Monthly Amount		
Pension Benefits			
Who?	Gross Monthly Amount		
Survivors Benefits			
Who?	Gross Monthly Amount		
Unemployment Benefits			
Who?	Gross Monthly Amount		
TANF Benefits			
Who?	Gross Monthly Amount		
Alimony			
Who?	Gross Monthly Amount		
Does anyone outside your home give you money for bills, household products, gifts, etc.?			
Who?	Gross Monthly Amount		
Do you have an open Child Support Case?			
NAME OF CHILD RECEIVING SUPPORT:		MONTHLY AMOUNT ORDERED	
Educational Grants or Scholarships?			
Who?	Gross Monthly Amount		
Name of College/University		Location	

ASSETS				YES	NO
Does anyone have open accounts (Checking, Saving, Chime, Cash-App, Direct Express, PayPal, etc.)?					
Name of Bank		Who in the household has accounts?			
Have you sold any property in the past two years?					
Amount of sale					
Do you or any household member own or have interest in real estate, house, land, mobile home?					
If yes, is the property used as rental property?		YES	NO	Amount received per month	
Do you have Stocks, Bonds, or IRA's?					
Value of Asset(s)?					
EXPENSES				YES	NO
Does anyone pay out-of-pocket for Medicare, health, or prescription insurance?					
Who?		Monthly Amount			
Do you pay any out of pocket medical expenses?					
Amount of medical expenses per month					
Do you pay out of pocket child care expenses (daycare, babysitter)					
Amount per month					

CERTIFICATION: I do hereby affirm and attest that all the information above is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority **IN WRITING IMMEDIATELY**. All family members 18 or older must sign below:

Signatures:

Head of House _____ Date _____

Other Family Member over 18 _____ Date _____

Other Family Member over 18 _____ Date _____

Other Family Member over 18 _____ 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.	
<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)

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, naturalized citizen or national of the United States.

OR:

☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

☐ Permanent residence under #249 of INA

OR:

☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

☐ Parole status under #212(d)(f) of the INA

OR:

☐ Threat to life of freedom under #243(h) of the INA

OR:

☐ Amnesty under #254 of the INA

Signature of Family Member

Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

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

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

Violence Against Women Act Fact Sheet (VAWA)

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are available to all individuals regardless of sex, gender identity, or sexual orientation.

This notice explains your rights under VAWA in the Section 8 HCV Program.

VAWA protects anyone who:

Is a victim of actual or threatened domestic violence, dating violence, sexual assault or stalking, or an "affiliated individual" of the victim (spouse, parent, brother, sister, or child of that victim; or an individual to whom that victim stands in loco parentis; or an individual, tenant or lawful occupant living in the victim's household) AND is living in, or seeking admission to the Housing Choice Voucher Program.

Who must comply with VAWA:

Public Housing Authorities, owners and managers participating in the Housing Choice Voucher Program.

Denials of admissions, termination of tenancy or assistance:

Prohibits an applicant or tenant from being denied, terminated, or evicted from housing on the basis that the applicant or tenant is or has been a victim of domestic violence.

An incident of actual or threatened domestic violence will not be construed as a serious or repeated violation of the lease by the victim and will not be good cause for terminating the assistance or tenancy of the victim.

Prohibits any person from being denied housing solely based on criminal activity, if that activity is directly related to domestic violence by a household member, guest or any person under the tenant's control, if the tenant or affiliated individual is the victim.

Bifurcation:

PHAs, owners, and managers of the covered housing programs to bifurcate (divide) a lease to evict or terminate assistance to any tenant or lawful occupant who engages in criminal acts of violence against an affiliated individual or other without penalizing other tenants.

If a PHA, owner or manager evicts, removes or terminates an individual because of criminal acts of violence, and that individual is the only tenant eligible to receive the housing assistance, then any remaining tenant will have the opportunity to establish eligibility for the assistance.

If no tenant can establish eligibility, the PHA, owner or manager must provide the tenant reasonable time to find housing or establish eligibility under another covered housing program.

Certification:

VAWA allows PHAs, owners and managers to make a written request to an individual for certification that he or she is a victim of domestic violence. Any of the following may be requested:

A form that states: an applicant or tenant is a victim of domestic violence, dating violence, sexual assault or stalking; the incident is grounds for protection and meets the requirements under the statute; Includes the name of the perpetrator, if the name is known and safe to provide.

Documents signed by a victim and a mental health professional under penalty of perjury; an administrative record to document the abuse; a federal, state, tribal, territorial, or local law enforcement, court or administrative record.

After a PHA, owner or manager has requested certification in writing, an applicant or tenant has 14 business days to respond to the request. If not provided within 14 days, a PHA, owner or manager may deny, terminate or evict for good cause.

Portability Moves:

VAWA gives the victim the right to move under portability if they have moved out of their assisted unit in violation of the lease to avoid harm from actual or threatened domestic violence, dating violence or stalking, if requested.

Moves:

There are three explicit protections for an assisted family that includes a member who is or was a victim of domestic violence, dating violence, or stalking and must move to protect the health or safety of that member:

The family is given the right to move with continued assistance;

PHA policies prohibiting moves during the initial term of a lease or limiting moves during any one-year period are inapplicable;

Prohibits the PHA from terminating the assistance of such a family for moving out of its unit in violation of the lease, with or without prior notification to the PHA, if the victim "reasonably believed he or she was imminently threatened by harm from further violence if he or she remained in the dwelling unit."

Family Breakup:

In cases of family break up due to domestic violence, the PHA is encouraged to consider an additional factor when exercising their discretion to determine who should retain assistance: "whether any of the family members are receiving protection as victims of domestic violence and whether the abuser is still in the household".

If family breakup results from an occurrence of domestic violence, the PHA must ensure the victim retains assistance.

Right to Confidentiality: Voucher holders have a right to confidentiality if they provide certification of domestic violence, dating violence or stalking. Information or documentation relating to victims must be kept in confidence and any information or documentation will not be entered into any shared databases or disclosed to "any related entity" except under certain specified conditions: the victim requests or consents to the disclosure in writing; the disclosure is required for use in an eviction proceeding; applicable law otherwise requires the disclosure.