

Dear Applicants,

Welcome to the New Home application process with Habitat for Humanity of Marion County, Inc. Please feel free to call us if you have any questions during this process. We will be happy to help you along this journey.

Habitat for Humanity
of Marion County, Inc.

2004 Hempstead Drive
Pella, IA 50219
641-828-8844

director@marionhfh.org
www.hfhmci.org



The New Home application is open when it is anticipated that construction will begin on a home. Please call our office prior to filling out the application to verify that the program is accepting applicants.

You must complete ALL the required documents to be considered for this program. If you falsify any information, you will be disqualified. All documents must be complete, and you must be truthful in your application.

The following are minimal requirements for our New Home Construction program:

1. A current need for housing
2. The willingness to partner/volunteer doing sweat equity
3. Live or work in Marion County for at least one year (may require documentation)
4. Meet income qualifications
5. Disclose all information accurately and honestly. Failure to do so will result in removal from the program.

All awards are subject to available funding for the project. Please let us know if you have any questions!

-Habitat for Humanity of Marion County, Inc.

Please check boxes as you have prepared the following documents. All documents must be included in your application.

Check when completed	Required Documents
	Application for home ownership program
	Brochure (Front and Back)
	Background Check Authorization (1 per adult in household)
	\$5,000 Asset Certification
	Permission for Electronic Communication (1 per adult in household)
	Zero Income Affidavit (1 per adult that this is applicable)
	Child Support Affidavit (1 per adult that either pays or receives Child Support)
	Violence Against Women Act Form (One per adult in the Household)
	Full-time Student Verification (1 per adult that this is applicable)

Please check boxes as you have provided the following documents.

Check when completed	Required Documents
	Three months of income verification including paycheck stubs and/or annual social security letter
	Three months of recent bank statements for all bank accounts
	Two years most recent tax returns and W2's
	Proof of child support or alimony (if you receive child support and/or alimony)

Please hand deliver or mail ALL the above documentation and application to the Habitat for Humanity of Marion County office at:

Habitat for Humanity of Marion Co., Inc.
2004 Hempstead Drive
Pella, IA 50219

Questions? call (641)828-8844



For inquiries, you may contact us at 641-828-8844, or send us an email at director@marionhfh.org.

2004 Hempstead Drive
Pella, IA 50219



IS A HABITAT FOR HUMANITY HOME FOR ME?



Building Homes,
Building Community,
Building Hope
(641)828-8844

Applicant: _____
 Co-Applicant: _____
 Address: _____

 City: _____
 State: _____
 Zip: _____
 Phone: _____
 Phone: _____
 Email: _____
 Number of
 People in the
 Household _____

Thank you for your interest in buying a home from Habitat for Humanity of Marion County! Please answer the following questions to help us determine your eligibility.

In order to build a home with Habitat, you must meet four basic requirements.

- Need for adequate shelter;
- Willingness to partner/volunteer;
- Ability to pay for a home; and
- Live or work in Marion County for at least one full year.

Need for Adequate Shelter

Need for adequate shelter can include a variety of conditions and is determined on a case-by-case basis.

Please circle any of these things that apply:

- Leaking or insufficient plumbing
- Unsanitary conditions
- Excessive rental or utility costs
- Overcrowding
- Poor heat
- Leaking roof
- Other: _____



Ability to pay for a home

We partner with families who have a steady income but are unable to obtain a conventional home loan.



Willingness to Partner

Your partnership with Habitat includes 300 sweat equity hours of which 50 hours must be completed before your home construction can begin.

Families will also be required to attend a homeownership education class. The classes will include topics such as budgeting, home repair, mortgages, credit, etc.

Live or Work in Marion County

You must have lived or worked in Marion County for at least one year.

What is the Habitat for Humanity of Marion County, Inc.

As an ecumenical Christian organization, we work toward eliminating substandard housing and empowering families in the Marion County area and around the world. Unlike other mortgages, Habitat mortgages are interest free.

Please send completed application to:
 Habitat for Humanity of Marion County, Inc.
 2004 Hempstead Drive
 Pella, IA 50219
 (641) 828-8844



Application

For Housing

Applications should be hand delivered to the above address



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

This is an Equal Opportunity Program. Discrimination is Prohibited by Federal Law.

Dear Applicant: Please complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible.

1. APPLICANT INFORMATION

Applicant		Co-applicant	
Applicant's Name	Birth Date	Co-applicant's Name	Birth Date
Social Security Number	Home Phone	Social Security Number	Home Phone
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (E.g. single, divorced, widowed)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (E.g. single, divorced, widowed)	
Dependents and others who will live with you			
Name	Social Security Number	Birth Date	Male Female
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Present Address (street, city, state, ZIP)	Own Rent	Present Address (if different from applicant)	Own Rent
Number of Years _____		Number of Years _____	
If Living at Present Address for Less Than Two Years, Complete the Following			
Last Address (street, city, state, ZIP)	Own Rent	Last Address (street, city, state, ZIP)	Own Rent
Number of Years _____		Number of Years _____	

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? Yes No

Date Application Completed: _____

Accepted Denied

Date Letter Sent: _____

Date of Home Visit: _____

Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ /month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ /month Unpaid Balance \$ _____

Do you own land? No Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

6. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of current employer	Years on This Job	Name and Address of current employer	Years on This Job
	Monthly (gross) Wages \$		Monthly (gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If working at current Job less than one Year, complete the following information			
Name and Address of last employer	Years on This Job	Name and Address of last employer	Years on This Job
	Monthly (gross) Wages \$		Monthly (gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

gross monthly income	Applicant	co-Applicant	² others in household	³ monthly bills	monthly Amount
¹ Base employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Medical Insurance	
SSI				Child Care	
Disability				Auto Insurance	
Alimony				Avg. Total Credit Card Pmt.	
Child Support				Student Loans	
Other				Alimony/Child Support	
total	\$	\$	\$	total	\$

¹ Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements. ³ Please attach copies of last month's bills.	² List additional household members over 18 who receive income:		
	Name	Age	Monthly Income
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. ASSETS

list checking and savings Accounts below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Camper/RV/Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Extra Vehicle/ATV/ETC	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

10. Debt

To whom Do You and the Co-Applicant Owe Money?

column 1			column 2		
Car	Monthly Payment \$	Unpaid Balance \$	Cell Phone Contracts	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	Monthly Payment \$	Unpaid Balance \$	other money You owe		
	Mos. left to pay:		Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
Credit Card	Monthly Payment \$	Unpaid Balance \$		Mos. left to pay:	
	Mos. left to pay:		Alimony/Child Support	\$	/month
Medical	Monthly Payment \$	Unpaid Balance \$	Job-related expenses	\$	/month
	Mos. left to pay:		(Child Care, Union Dues, etc.)	\$	/month
column 1: subtotal of payments	\$	/month	column 2: subtotal of payments	\$	/month
			column 1: subtotal of payments	\$	/month
			total monthly expenses	\$	/month

11. Declarations

Please check the box that best answers the following questions for you and the co-applicant.

	Applicant		Co-applicant	
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

12. Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Applicant Signature	Date	Co-applicant Signature	Date
X		X	
Applicant's Name (printed) _____		Co-Applicant's Name (printed) _____	

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.

13. Information for Government Monitoring Purposes

Please read this statement before completing the box below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>race/national origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>birthdate: ____ / ____ / ____</p> <p>marital status:</p> <p>Married</p> <p>Separated</p> <p>Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>race/national origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>birthdate: ____ / ____ / ____</p> <p>marital status:</p> <p>Married</p> <p>Separated</p> <p>Unmarried (Incl. single, divorced, widowed)</p>

To be completed ONLY by the person conducting the interview

<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	Interviewer's Name (print or type)		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Interviewer's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Interviewer's Signature	Date
	Interviewer's Signature	Date	
Interviewer's Phone Number			



Habitat for Humanity[®]

of Marion County

BACKGROUND CHECK AUTHORIZATION

PERSONAL INFORMATION

Family Name: _____ Given Name: _____ Middle: _____

Current Address: _____ Zip Code: _____

Permanent Address: _____ Zip Code: _____

Indicate Maiden Name (For Married): _____

Gender: _____ Civil Status: _____ Age: _____

Date Of Birth: _____ Place Of Birth: _____

Phone Number: _____ E-mail Address: _____

Social Security No.: _____ Driver's License No.: _____

MISC INFORMATION

Have you been arrested or convicted of any administrative or criminal offense in any court of law?

YES NO

If YES, please indicate reason/s on the blank provided.

I hereby authorize Habitat for Humanity of Marion County, Inc. to use this information for the investigation of my background including my conduct and other pertinent information deemed necessary for my employment. I also hereby authorize other concerned entities or agencies to disclose any verbal or written information to the investigator that is imperative to the inquiry in accordance with the law.



I swear that all details provided herein are true and correct based on my knowledge.

SIGNED:

PRINT NAME: _____

Date: _____

SIGNED:

PRINT NAME: _____

Date: _____



Permission for Electronic Communication

Dear _____,

We are pleased you have made it this far in the home owner selection process. It is often quicker to communicate electronically compared to paper copies through the mail. Please review this document and provide your consent.

1. Scope of Communications to be provided in electronic form. Habitat for Humanity will continue to meet you in person and use paper copies for all contracts and legally binding agreements. The purpose for electronic communication will be restricted to scheduling appointments, confirming appointments, and planning and organizing dedication events including but not limited to invitation lists, programs, schedules, and deadlines. If at any time it is deemed better for communications sake to discuss these things in person an appointment will be made to meet in person.

2. Method of communications in electronic form. By providing your consent you are granting us permission to contact you via email and texts to your personal device.

3. How to withdraw your consent. You may withdraw your consent to receive communications in electronic form by contacting us at our office. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

4. Consent. By signing this document, you agree that you have read, understand, and agree to the Permission for Electronic Communication Form. You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that you have provided us with a current e-mail address at which we may send electronic communications to you.

[please complete and sign reverse side of this document]

Date: _____

Applicant Email Address: _____

Phone number for personal device (if applicable): _____

Applicant Name (Print): _____

Applicant Signature: _____

UNDER \$5,000 ASSET CERTIFICATION

(02/19)

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

Household Name	Unit Number
Development Name	City

ASSETS INCLUDE (Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible. Include only those amounts which are accessible)

Source of Income	Cash Value* (A)	Interest Rate (B)	Annual Income (A x B)
Savings Account	\$		\$
Checking Account	\$		\$
Cash on Hand	\$		\$
Safety Deposit Box	\$		\$
Certificates of Deposit	\$		\$
Money Market Funds	\$		\$
Stocks	\$		\$
Bonds	\$		\$
IRA Accounts	\$		\$
401K Accounts	\$		\$
Keogh Accounts	\$		\$
Trust Funds	\$		\$
Equity in Real Estate	\$		\$
Land Contracts	\$		\$
Lump Sum Receipts	\$		\$
Capital Investment	\$		\$
Life Insurance Policies (excluding term)	\$		\$
Other Retirement/Pension Funds not named above:	\$		\$
Personal Property held as an investment**:	\$		\$
Other (list):	\$		\$
Total Gross Annual Income			\$

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

- Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts (the difference between FMV and the amount received, for each asset on which this occurred) are included above and are equal to a total of \$_____.
- I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date
Applicant/Tenant	Date

This document can only be used for Low Income Housing Tax Credit and Housing Incentive Fund tenant files. Housing Trust Fund, Neighborhood Stabilization, and other HUD programs must follow the HUD Part 5 under \$5,000 asset rules, which require actual income calculations.

CHILD SUPPORT SELF AFFIDAVIT

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:		IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #:	

TO BE COMPLETED BY APPLICANT / TENANT

- I certify that I have been legally awarded child support in the amount of \$ _____
 Weekly Monthly Annually. (Provide copy of legal document)

- I certify that I receive the following amount for child support:
Child Support \$ _____ Weekly Monthly Annually

- I certify that I have not been legally awarded child support and that I do not expect to receive payments within the next 12 months.

- I certify that I do not receive payments of the legally awarded child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect. (Failure to list attempts made to collect requires the full amount awarded to be included as income.)

Case Number:	
List Covered Dependents:	
List attempts to collect:	

Signature of Applicant/Tenant

Address

Date

City/State/Zip Code

Telephone Number

Subscribed and sworn to me this _____ Day of _____, 20_____

(SEAL/STAMP)

Notary Public

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

ZERO INCOME SELF AFFIDAVIT

(To be completed by adult household members only, if appropriate.)

Project Name:		IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #:	

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. Yes No

I will be using the following sources of funds to pay for rent and other necessities:

3. I will be actively looking for employment, although I have no source of employment at this time.
 Yes No

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Subscribed and sworn to me this _____ Day of _____, 20_____

(SEAL)

Notary Public

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



Building homes, building hope, building community

FULL-TIME STUDENT VERIFICATION

I, _____ (print name), certify that I am a full time student.

Please fill out the following information:

Name of Educational Institution: _____

Address: _____

Years Remaining to Complete Degree or Program: _____

Signature

Date

USDA Rural Development
VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013 (VAWA) SUGGESTED FORMAT OF
CERTIFICATION OF VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR
STALKING

NOTICE TO TENANT OR APPLICANT: If you are or have been a victim of domestic violence, dating violence, sexual assault or stalking, you will be asked to provide the information below by the owner/manager or the Rural Development (RD) Multi-Family Housing (MFH) Program Director in your State (State MFH Program Director). The information in Part I below may be provided by you or by someone on your behalf, and given to the owner/manager or the State MFH Program Director for use in determining eligibility for protections under VAWA. The Certification and Signature in Part II, and the Confidentiality Statement in Part III are mandatory statements that must be included with your application.

Purpose of The Form of Certification: VAWA provides protections for applicants and tenants who are or have been victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protects applicants and tenants from being evicted, denied housing assistance, or terminated from housing assistance, based on acts of domestic violence dating violence, sexual assault or stalking, committed against them.

If you are an applicant or tenant and a victim of domestic violence, the information requested below is one type of documentation that you may be asked to complete by the “responsible entity,” as indicated on the Notice of Occupancy Rights distributed to you.

Use of This Form of Certification Is Optional: Instead of this form, upon the written request by the owner/manager or the RD State MFH Program Director, the tenant or applicant may be asked to submit the alternate documentation below:

- (1) A document signed by an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom the victim has sought assistance relating to domestic violence, dating violence, sexual assault or stalking, or the effects of abuse;
- (2) A document signed by the applicant or tenant who states under penalty of perjury that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under VAWA;
- (3) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (4) At the discretion of the owner/manager or RD MFH Program Director, a statement or other evidence provided by the applicant or tenant.

Time Period For Submission of Documentation: The time period to submit documentation is 14 business days from the date that the owner/manager or RD State MFH Program Director submits a written request to the tenant or applicant to provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. The time period to submit the documentation may be extended, if the tenant or applicant requests an extension of the time period. If the requested information is not received by the 14th business day or any extension of the date provided, none of the VAWA protections have to be provided to the tenant or applicant. Distribution or issuance of this form does not serve as a written request for certification.

Part I – Required Information:

1. Date of applicant’s receipt of written request for documentation
2. Name of victim
3. Name of person completing this form (if different from victim)
4. Name of other family members and lawful tenants listed on the lease
5. Address of victim
6. Name of accused perpetrator (if known and can be disclosed)
7. Relationship of the accused perpetrator to the victim
8. Date(s) of incident(s)
9. Time(s) of incidents(s)
10. Location of incident(s)
11. Description of incident(s) in your own words (attach as many sheets as needed)

Part II – Mandatory Statement of Certification and Signature: This is to certify that the information provided on this form is true and correct 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

Date

Part III – Mandatory Statement of Confidentiality:

All information provided to the owner/manager or other responsible entity 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 the owner/manager or other responsible entity are not to have access to these details unless to provide or deny VAWA protections to the applicant or tenant, 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 the victim in writing; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

- I do not choose to disclose this information at this time
- I have not been a victim of domestic violence, dating violence, sexual assault, or stalking

Signature

Date