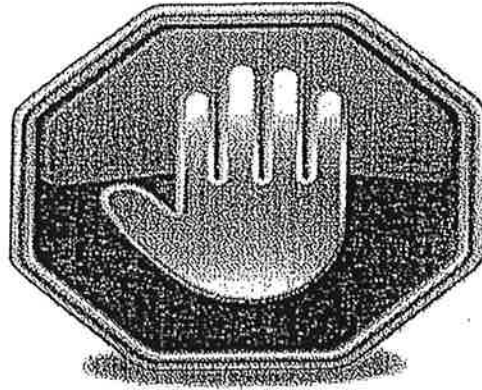


IMPORTANT! PLEASE READ CAREFULLY!!!



Please Take Notice

PLEASE FOLLOW THE FOLLOWING DIRECTIONS:

1. ALL INFORMATION MUST BE PRINTED AND LEGIBLE.
2. IF WE CAN NOT READ IT, IT WILL BE DENIED.
3. MAKE SURE ALL FORMS ARE SIGNED AND RETURNED WITH THE PACKET.
4. MAKE SURE THERE IS A COPY OF THE FOLLOWING IN THE PACKET:
 - PHOTO ID OF ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER
 - A BIRTH CERTIFICATE AND SOCIAL SECURITY CARD FOR EACH PERSON LISTED ON THE APPLICATION. APPLICATION CAN NOT BE ACCEPTED WITHOUT THESE DOCUMENTS.
5. ALL FAMILY MEMBERS 18 YEARS OLD OR OLDER MUST SIGN THE REQUIRED DOCUMENTS.
6. RETURN ALL DOCUMENTS AT THE SAME TIME. YOU CAN NOT BRING ANYTHING BACK IN TO SUBMIT WITH THAT APPLICATION. YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE.
7. PLEASE ALLOW 10 DAYS FOR US TO VERIFY INFORMATION AND TO PROCESS YOUR APPLICATION.
8. APPLICATIONS ARE ACCEPTED ON THURSDAYS ONLY!
9. The document entitled Criminal & Sexual Offender Background Information must be completed by anyone listed on the application that is 18 years old or older.
10. ALL APPLICATIONS FOR HOMELESS STATUS MUST HAVE AN AGENCY LETTER ATTACHED IN ORDER TO CLAIM HOMELESS STATUS.

WILSON HOUSING AUTHORITY VARITA COURT APPLICATION

| | | |
|---------|-------------------|--------|
| Name: | | Date: |
| Address | | Time: |
| Phone: | Emergency Contact | City: |
| | | Phone: |

Have you ever lived in federal funded housing? _____ If so, which agency? _____

Complete for ALL household members (including head of household, all adults and all minors):

| Name | Relationship to Head of Household | DOB, age | Social Security Number | Full Time Student? (circle) | | Employed? (circle) | | Disabled? (circle) | |
|------|-----------------------------------|----------|------------------------|-----------------------------|----|--------------------|----|--------------------|----|
| | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |

List ALL source of income for all members of the household you have disclosed on page 2 of this questionnaire:

| Name of Household Member | Source of Income | Mailing Address | Phone # & Contact Person | Gross Amount (list by week, month, etc.) |
|--------------------------|------------------|-----------------|--------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List ALL assets for all members of the household you have disclosed on page 2 of this questionnaire:

| Name of Household Member | Type of Asset (Checking, savings, CD's, etc.) | Mailing Address | Phone # & Contact Person | Gross Amount (list by week, month, etc.) |
|--------------------------|---|-----------------|--------------------------|--|
| | | | | |
| | | | | |
| | | | | |

Deductions from Annual Income

| | Circle | |
|---|--------|----|
| If the head, co-head, spouse or sole member is 62 or older or disabled, do you pay out-of-pocket medical expenses? | Yes | No |
| Do you have out-of-pocket child care expenses not paid or reimbursed from any source, for children under age 13 year? | Yes | No |

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Wilson Housing Authority at 252-291-2245.

Participants age 62 or older as of January 31, 2010, whose determination of eligibility was begun before January 31, 2010, are exempt from disclosing their complete and accurate social security number (SSN).

I certify that the information listed above is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with the Public Housing regulations.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Initial _____

Please circle YES or NO for every item listed below and indicate amount under the appropriate HH member's name.

| Does any Household Member have any: | Member (Head) | | | #2 | | | #3 | | |
|--|-------------------------|----|----|-----|----|----|-----|----|----|
| | Yes | No | \$ | Yes | No | \$ | Yes | No | \$ |
| Checking Accounts | | | | | | | | | |
| Saving Accounts | | | | | | | | | |
| Certificates of Deposits | | | | | | | | | |
| Money Market Funds | | | | | | | | | |
| Stocks/Bonds | | | | | | | | | |
| Treasury Bills | | | | | | | | | |
| IRA/Keough Accounts | | | | | | | | | |
| Company Retirement Accounts | | | | | | | | | |
| Life Insurance Policies (Whole Life) | | | | | | | | | |
| Pension Funds | | | | | | | | | |
| Trust Accounts | | | | | | | | | |
| If yes, is it irrevocable? | | | | | | | | | |
| Cash held in Safety Deposit Boxes, etc. | | | | | | | | | |
| House/Real Estate | | | | | | | | | |
| Rental Property | | | | | | | | | |
| Other Investments | | | | | | | | | |
| Have you received any lump sum payments such as the following: | Potential Assets | | | | | | | | |
| Inheritances | | | | | | | | | |
| Lottery or other Winnings | | | | | | | | | |
| Insurance Settlements | | | | | | | | | |
| Workers' Compensation Settlements | | | | | | | | | |
| Social Security Disability Settlements | | | | | | | | | |
| Unemployment Compensation Settlements | | | | | | | | | |
| VA Disability Settlements | | | | | | | | | |
| Severance Pay | | | | | | | | | |
| Capital Gains | | | | | | | | | |
| Other | | | | | | | | | |
| Have you disposed of any assets for less than fair market value in the past 2 years? | | | | | | | | | |
| Do you receive any of the following: | | | | | | | | | |
| Wages, Salary, etc. thru Employment | | | | | | | | | |
| Income from a Business or Profession | | | | | | | | | |
| Social Security | | | | | | | | | |
| SSI | | | | | | | | | |
| WFFA, Food Stamps or other Public Assistance | | | | | | | | | |
| Alimony | | | | | | | | | |
| Child Support | | | | | | | | | |
| Unemployment Compensation Benefits | | | | | | | | | |
| Workers' Compensation Benefits | | | | | | | | | |
| Severance Pay | | | | | | | | | |
| Retirement Income | | | | | | | | | |
| Annuities Income | | | | | | | | | |
| Insurance Policies Income | | | | | | | | | |
| Disability or Death Benefits | | | | | | | | | |
| Income from Rental Property | | | | | | | | | |
| Regularly Recurring Monetary Gifts | | | | | | | | | |
| Tuition Assistance/Higher Education | | | | | | | | | |

Continuation of Pre-Application

Applicant Name _____ Date _____

Preferences: ___ Involuntary Displacement ___ Veteran/Homeless ___ Working Family *

*(defined as being self-employed, working an average of 20 hours or more a week for at least 11 months, or being seasonally employed for 2 years with the current employer and working 20 hours a week or more). Includes persons 62 years or older.

Enter One ___ 1=White 2=Black 3= American Indian 4= Asian or Pacific Islander

Enter One ___ 1=Hispanic ___ 2=Non-Hispanic

Have you or any member of your household ever been evicted or terminated from any Public Housing or Section 8 Program? Yes ___ No ___

If yes, provide the following information: When? _____

Where? _____

For what reason? _____

Do you owe any money to Wilson Housing Authority or any other federally funded agency?

Yes ___ No ___ if yes please explain _____

Applicants have the right to request special assistance for a disability or limited English proficiency. WHA does not discriminate because of race, color, religion, familial status, disability, limited English proficiency or national origin.

I certify that the information listed above is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Signature: _____

Date: _____

WHA Representative: _____

Date: _____

Wilson Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act

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. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Wilson Housing Authority 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 the Wilson Housing Authority, 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 the Wilson Housing Authority, 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 the Wilson Housing Authority 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

The Wilson Housing Authority 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 the Wilson Housing Authority chooses to remove the abuser or perpetrator, the Wilson Housing Authority 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, the Wilson Housing Authority 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.

Wilson Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act

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

The Wilson Housing Authority 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:

The Wilson Housing Authority's emergency transfer plan provides further information on emergency transfers, and the Wilson Housing Authority 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

Wilson Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act

The Wilson Housing Authority 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 the Wilson Housing Authority must be in writing, and the Wilson Housing Authority 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. The Wilson Housing Authority 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 the Wilson Housing Authority as documentation. It is your choice which of the following to submit if the Wilson Housing Authority 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 the Wilson Housing Authority with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the Wilson Housing Authority has agreed to accept.

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

If the Wilson Housing Authority 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), the Wilson Housing Authority has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the Wilson Housing Authority does not have to provide you with the protections contained in this notice.

Wilson Housing Authority

~~Notice of Occupancy Rights under the Violence Against Women Act~~

Confidentiality

The Wilson Housing Authority 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.

The Wilson Housing Authority must not allow any individual administering assistance or other services on behalf of the Wilson Housing Authority (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.

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

- You give written permission to the Wilson Housing Authority to release the information on a time limited basis.
- The Wilson Housing Authority 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 the Wilson Housing Authority or your landlord to release the information.

VAWA does not limit the Wilson Housing Authority's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the Wilson Housing Authority 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 the Wilson Housing Authority 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 the Wilson Housing Authority can demonstrate the above, the Wilson Housing Authority should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Wilson Housing Authority

Notice of Occupancy Rights under the Violence Against Women Act

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 Wilson Housing Authority's President and CEO at 252-291-2245 ext. 250 or with the HUD Field Office for North Carolina.

For Additional Information

You may view a copy of HUD's final VAWA rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the Wilson Housing Authority must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your housing manager.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the Wesley Shelter at 252-291-2344.

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 the Wilson Police Department officer assigned to the Wilson Housing Authority at 252-399-2385 or the Wilson Police Department at 252-399-2323.

Victims of stalking seeking help may contact the Wilson Police Department officer assigned to the Wilson Housing Authority at 252-399-2385 or the Wilson Police Department at 252-399-2323.

Attachment: Certification form HUD-5382

The above information has been explained to me and I understand my rights under the Violence Against Women Act as stipulated.

Resident Signature _____

WHA Staff Representative _____

Date: _____

WILSON HOUSING AUTHORITY

Criminal & Sexual Offender Background Information

Federal Law requires us to get drug, criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The Wilson Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you or any other family member been evicted from federally assisted housing for drug related criminal activity within the past five years? yes no.
2. Do you or any other family member currently use illegal drugs or abuse alcohol? yes no
3. Are you or any other family member currently subject to a lifetime registration requirement under a state sex offender registration program? yes no
4. Have you or any other family member been charged with or convicted of any drug-related crime within the past five years? yes no
5. Have you or any other family member been charged with or convicted of a felony or misdemeanor within the past five years? yes no
6. Have you or any other family member been charged with or convicted of any crime involving fraud or dishonesty within the past five years? yes no
7. Have you or any other family member been charged with or convicted of any crime involving violence within the last five years? yes no
8. Please list all states in which you and other family members have lived.

9. Have you or any other family member ever used or been known by any other name? yes no
If yes, please list names used:

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the Wilson Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Wilson Housing Authority, or to an agency contracted by the Wilson Housing Authority to conduct criminal background checks.

Applicant's Name (Please print full name) _____

Applicant's Signature _____ Date: _____

If Family Member, Head of Household's Name: _____

Address: _____ SS # _____ DOB _____

_____ Phone # (_____) _____

_____ (County)

VHA ONLY:
Request to Process _____ Property _____ Date _____