

Optional and Supplemental 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.

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

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.	
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.

HAWAII PUBLIC HOUSING AUTHORITY
SECTION 8 SUBSIDY PROGRAMS BRANCH

ZERO INCOME CHECKLIST AND WORKSHEET

This checklist and worksheet is to be completed for all individuals who are reporting **Zero dollars (\$0.00) in total income per month**. The form should be completed prior to admission and at quarterly re-certifications as defined in the Section 8 Administrative Plan for the Hawaii Public Housing Authority. The form lists all cash and non-cash contributions you are receiving and assists the HPHA to determine actual value of each contribution. You are **required to submit documentation** of amounts claimed.

The answers provided on this certification are utilized in part to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). Providing false information may constitute a violation of your obligations under the rental assistance program and result in program termination and/or criminal charges being filed against you.

Name: _____

Phone Number: _____

Address: _____

City: _____ HI _____

Social Security Number: _____

Emergency Contact: _____

Phone Number: _____

1. FOOD EXPENSES

Are you receiving food stamps? ___Yes ___ No

If yes, what is the monthly amount of food stamps? \$ _____

If no, what is your weekly grocery bill? \$ _____

How do you pay the weekly grocery bill? _____

If someone other than a household member contributes to the groceries, who contributes?

What is the average amount contributed from all sources? _____

Does anyone contribute groceries or prepared food to you on a regular basis?

___Yes ___No

If yes, what is the average value of the groceries or prepared food contribution?

\$ _____

Note: Food contributed by food banks, surplus community programs WIC, or other non-profit programs does not count as income. Food or cash for food contributed by private persons does count as income. *Certification: You should bring in at least one month's worth of grocery receipts. Check the receipts to ensure that a family of that size could exist on the amount of food shown on documentation.*

2. **CLEANING, GROOMING AND PAPER PRODUCTS EXPENSES**

What is the weekly value of paper products (toilet paper, trash bags, disposable diapers, etc.) used by you? \$ _____

What is the weekly value of cleaning supplies (dishwashing soap, laundry detergent, and miscellaneous household cleaning products) used by you? \$ _____

What is the weekly value of grooming supplies (soap, shampoo, toothpaste, deodorant, sanitary napkins or tampons, etc.) used by you? \$ _____

How do you pay for the costs of these items? _____

If someone who is not a member of the assisted household pays for these items, who contributes? _____

What is the average weekly contribution for these products? \$ _____

Certification: Family must provide receipts for the purchase of these items.

3. **TRANSPORTATION EXPENSES**

Do you own a car? ___ Yes ___ No

If yes, are there payments still due on the car? ___ Yes ___ No

If yes, what is the amount of the car payment? _____

How do you make the car payment? _____

If someone other than a household member pays the car payment, who contributes?

What is the amounts paid monthly for the following?

Gas? _____ Insurance? _____ Maintenance? _____

If someone other than a household member pays the costs of operating the car, who contributes? _____

What is the average amount contributed monthly for the car's operating costs? \$ _____

If you do not own a car, what do they use for transportation?

How do you pay for the transportation? _____

How much? \$ _____

If you own a car, you should bring in one month's gas receipts, proof of insurance and insurance amount, and proof of car payment amount, if applicable. If you do not own a car you should provide a credible statement of the way they pay for transportation to shop, attend school, visit friends or family, attend church, etc.

4. ENTERTAINMENT EXPENSES

Do you have cable TV or a satellite dish system? ___ Yes ___ No

If yes, do you have basic cable or do they also have premium channels?

___ Yes ___ No

What is the average monthly cost for Cable or Satellite service? \$ _____

How do you pay for this service? _____

If someone other than a member of the household pays the cost for this service, who contributes? _____

How much does this person pay? Monthly \$ _____

What are the average weekly costs for other types of entertainment for you? Include the following:

Magazines \$ _____ Movies \$ _____ Video Rentals \$ _____

Sporting Events \$ _____ Lottery Tickets \$ _____ Liquor/Beer/Wine \$ _____

Vacations \$ _____ Club Memberships/Dues \$ _____

How do you pay other entertainment costs? _____

If someone other than a member of the household pays the cost for this entertainment, who contributes? _____

How much does this person pay monthly? \$ _____

Verification: You should bring in two monthly bills for cable or satellite TV plus receipts for other entertainment costs.

5. CLOTHING EXPENSES

What is the average cost of clothing and shoes for you? \$ _____

How do you pay for clothing and shoes? _____

If someone other than a member of the household pays the cost for these items, who contributes? _____

How much does this person pay? \$ _____

What is the weekly amount spent for laundry? \$ _____

How do you pay for cleaning your clothing? _____

If someone other than a member of the household pays the cost for laundering the clothing for you, who contributes? _____

How much does this person pay weekly? \$ _____

Note: Clothing acquired from clothing banks or given to you second hand is not counted as income.

Verification: You should provide a list of clothing purchased and amounts spent.

6. SMOKING EXPENSES

Do you smoke cigarettes or cigars? ___ Yes ___ No

If yes, how many packs per day do you smoke? _____

What brand is smoked? _____

How do you pay for the costs of cigarettes or cigars? _____

If someone other than a member of the household pays for the cost of smoking materials for you, who is the person that contributes? _____

How much does this person pay weekly? \$ _____

Verification: Family should document brand of cigarettes or cigars smoked and staff will estimate cost by computing least expensive price for that brand in this locality.

7. COMMUNICATION EXPENSES

Do you have a telephone? ___ Yes ___ No

If yes, how many telephone lines? _____

Check extra services that you have: ___ Call Waiting ___ Call Forwarding

___ 3-way Calling ___ Caller ID ___ Voice Mail

How much is the monthly service? \$ _____

Who pays for this telephone service? _____

Does anyone in your family have a pager or a cell phone? ___ Yes ___ No

If yes, how much is the monthly service? \$ _____

Who pays for this service? _____

Do you have a computer with internet access? ___ Yes ___ No

If yes, who is the provider? _____

How much is the monthly charge for the internet connection? \$ _____

Who pays for internet service? _____

Verification: tenants should bring in at least 3 monthly bills for all forms of communication services they have in the household. Review the bills carefully to determine true expense.

8. SHELTER EXPENSES

What is your average monthly cost for housing and utilities? _____

How do you pay this amount? _____

If someone other than a member of the household pays for living expenses for you, who is the person that contributes? _____

How much does this person pay monthly? \$ _____

9. MEDICAL EXPENSES

Does your family have any unreimbursed medical expenses? ___ Yes ___ No

If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____

How does your family pay for unreimbursed medical expenses? _____

If someone other than a member of your household contributes toward medical expenses, who contributes? _____ **Such contributions are not income.**

10. MISCELLANEOUS EXPENSES

Listed below are a series of expenses your family might have. Indicate the monthly amount your family spends on any applicable expenses and the amounts contributed toward the expenses:

Church contributions \$ _____

Unreimbursed Educational Expenses \$ _____

Unreimbursed Child Care Expenses \$ _____

Unreimbursed Job Expenses \$ _____

.....

I do hereby swear and attest under the penalty of perjury that all of the information above about me 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** within ten days of the change.

Signature Head of Household

Date

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States as to any matter within its jurisdiction. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER LAWS OF THE STATE OF HAWAII (SECTIONS 386-98, 710-1060, 708-830).**

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____
 Worker: _____ Unit: _____
 Phone: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1.	ENGLISH is my primary language: <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	<input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below: <input type="checkbox"/> I need an interpreter for the following language: _____ If you need an interpreter, go to part 3, and check the box that applies to you.
3.	<input type="checkbox"/> I want DHS to provide an interpreter at no cost to me. <input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own. <ul style="list-style-type: none"> • I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications. • I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides. • I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters. • I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.
4.	I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.
Print Name: _____	
Signature: _____ Date: _____	

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

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

OMB Approval No. 2577-0249
Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING:

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

*Note: The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator's Relationship to Victim: _____

Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred: _____

Location of Incident(s): _____

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.



ASSISTANT SECRETARY FOR
PUBLIC AND INDIAN HOUSING

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-5000

SEP 3 0 2013

Dear Executive Director:

Subject: New Housing Protections in VAWA 2013

On March 7, 2013, President Obama signed into law the Violence Against Women Reauthorization Act of 2013 (VAWA 2013). VAWA 2013 implemented several key changes related to housing protections for victims of domestic violence, dating violence, sexual assault or stalking.

HUD published a notice in the *Federal Register* (FR) on August 6, 2013 describing the changes related to housing and the implications to HUD's programs. HUD also sought comment on certain provisions through the notice to aid in the development of regulations and program guidance. This letter summarizes the August 6 FR notice and reminds you that the comment period ends October 7, 2013. For your convenience, the notice is attached. Please share your comments on www.Regulations.gov.

As discussed in the August 6 FR notice, PHAs are able to implement most of the changes immediately, while certain provisions in the law require changes to HUD's regulations and further guidance before PHAs can implement the changes. With the exception of certain provisions identified below where further regulations or guidance are needed, PHAs, owners and managers administering public or section 8 housing must continue to provide VAWA protections as provided in 24 CFR part 5, subpart L, as those protections are enhanced by VAWA 2013.

Summary of Key Changes in VAWA 2013:

- VAWA 2013 expands housing protections to victims of sexual assault. The current regulatory language at 24 CFR part 5, subpart L describes protections for "victims of domestic violence, dating violence, or stalking," but effective March 7, 2013 (the date that VAWA 2013 was signed into law) these protections were expanded to include victims of sexual assault.
- VAWA 2013 expands protections relating to the prohibition of terminating assistance because of criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking (currently at 24 CFR 5.2005(c)(2)) by replacing the term "immediate family member" with "affiliated individual." VAWA 2013 provides that criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking that is engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an *affiliated individual* of the tenant is the victim or threatened victim of the domestic violence, dating violence, sexual assault, or stalking

(emphasis added). VAWA 2013 defines an "affiliated individual," with respect to an individual, as a spouse, parent, brother, sister, or child of that individual, or an individual to whom that individual stands in loco parentis (in the place of a parent), or any individual, tenant, or lawful occupant living in the household of that individual.

- VAWA 2013 expands the protections regarding lease bifurcations (currently at 24 CFR 5.2009(a)) by:
 - changing the language regarding the violent acts ("criminal acts of physical violence against family members or others" becomes "criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking against an affiliated individual or other individual"), and
 - mandating that if such bifurcation occurs, and the removed tenant or lawful occupant was the sole tenant eligible to receive assistance under a covered housing program, the PHA shall provide any remaining tenant the opportunity to establish eligibility for the covered housing program. If the remaining tenant cannot establish eligibility, the PHA is required to provide the tenant a reasonable time to find new housing or to establish eligibility under another covered housing program. HUD will provide through rulemaking or guidance, as may be applicable, what constitutes a reasonable time for remaining tenants to find new housing or establish eligibility under another HUD covered housing program. PHAs will not be able to implement this provision until HUD provides such rulemaking or guidance. HUD specifically solicits comment on that period that would be reasonable to find new housing or establish eligibility under another HUD covered housing program.
- VAWA 2013 expands the forms of documentation that a victim may provide. Specifically, VAWA 2013 provides that the forms of documentation a victim may provide (currently at 24 CFR 5.2007(b)(2)-(3), and listed on the form HUD-50066) also include a record of an administrative agency, and documentation from a mental health professional. Additionally, VAWA 2013 provides that the victim is required to provide the name of the perpetrator on the HUD-50066 only if the name of the perpetrator is safe to provide and is known to the victim.
- VAWA 2013 expands the notification requirements (currently at 24 CFR 5.2005(a)(1)) to require that PHAs provide the notice when a person is denied assistance, when a person is admitted, and when a tenant is notified of eviction or termination of housing benefits, and to require that the notice be provided together with form HUD-50066.
 - Additionally, VAWA 2013 requires that HUD develop the notice of rights that PHAs are required to provide to applicants/participants. HUD specifically solicits comment on the content of the notice of tenant's rights. Until such time that HUD develops the notice, PHAs must continue to use the notice of rights they already provide to tenants per 5.2005(a)(1).

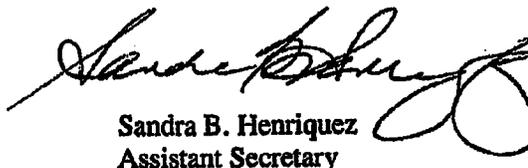
- VAWA 2013 requires HUD to adopt a model emergency transfer plan for use by PHAs, and requires HUD to establish policies and procedures under which victims of abuse requesting an emergency transfer may receive, subject to the availability of tenant protection vouchers, assistance through the tenant-based section 8 program. HUD specifically requests comments on the content of the model emergency transfer plan and the implementation of the tenant protection vouchers provision. Before such time that HUD develops the model emergency transfer plan, PHAs may continue to implement any transfer plan at that property/program as described in an agency's admissions and continued occupancy plan or administrative plan.
- VAWA 2013 also expands the housing protections from VAWA 2005 to extend to the following new housing programs, including two that are not administered by HUD:
 - HOME Investment Partnerships Program
 - Section 202 Supportive Housing for the Elderly
 - Section 236 Rental Program
 - Section 811 Supportive Housing for People with Disabilities
 - Section 221(d)(3) Below Market Interest Rate (BMIR) Program
 - HOPWA Housing Program
 - HUD's McKinney-Vento homeless programs
 - Low-Income Housing Tax Credit properties (Department of Treasury)
 - USDA Rural Housing properties (Department of Agriculture)

While HUD is developing regulations to codify these important protections, please be sure to update your Administrative Plans and Admissions and Continued Occupancy Plans in accordance with the enhanced protections found in VAWA 2013.

Furthermore, it is important to remember that certain policies and practices that treat victims of domestic violence differently from other tenants may be considered to be discrimination on the basis of sex under the federal Fair Housing Act. I encourage you to review HUD's 2011 Guidance on Domestic Violence and Fair Housing (also attached). Please note that although the 2011 guidance covers protections under the Fair Housing Act and under VAWA 2005, it has not yet been updated to include the protections under VAWA 2013.

If you have questions concerning VAWA 2013, please contact your local HUD Field Office of Public Housing. For questions related to the Fair Housing Act, please contact your local HUD Field Office of Fair Housing.

Sincerely,



Sandra B. Henriquez
Assistant Secretary

Notice to Public Housing Residents From the Hawaii Public Housing Authority

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your rights under VAWA. Tenants/applicants may request oral interpretations of the VAWA notice by contacting the property manager.

Protections for Victims

- If you are eligible for housing assistance, the housing authority cannot refuse to admit you to the housing program solely because you are a victim of domestic violence, dating violence, or stalking.
- If you are the victim of domestic violence, dating violence, or stalking, the housing authority cannot evict you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you if you were the victim of the abuse.

Reasons You Can Be Evicted

The housing authority can still evict you if the housing authority can show there is an *actual* and *imminent* (immediate) threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority can evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking against you. The housing authority cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the housing unit. If the housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow eviction procedures.

Proving that You are a Victim of Domestic Violence, Dating Violence, or Stalking

The housing authority can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, or stalking. In cases of termination or eviction, the housing authority must give you at least 14 business days (i.e. Saturdays, Sundays, and holidays do not count) to provide this proof. There are three ways you can prove that you are a victim:

- Complete the certification form (HUD-91066) given to you by the housing authority. The form will ask for your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."
- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, you may not be protected from eviction.

Confidentiality

The housing authority must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority to release the information;
- The housing authority needs to use the information in an eviction proceeding, such as to evict the abuser; or
- A law requires the housing authority to release the information.

If the release of the information would put your safety at risk, you should inform the housing authority.

VAWA and Other Laws

- VAWA does not limit the housing authority's duty to honor court orders about access to or control of a public housing unit. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.
- VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

Sample Website Content/Documents on a CD

*(Please contact RFP Coordinator to request for
a copy of the CD by mail if the RFP is
downloaded from a website)*

RFP ITO-2015-05
Sample Transmittal Letter

Hawaii Public Housing Authority
Contract and Procurement Office
1002 North School Street, Bldg. D
Honolulu, Hawaii 96817

Dear RFP Coordinator:

The undersigned has carefully read and understands the terms and conditions specified in the Competitive Sealed Proposals and hereby submits the following proposal to perform the services specified.

That the undersigned further understands and agrees that by submitting this Competitive Sealed Proposals, 1) it is declaring its Proposal is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, 2) it is certifying that the price(s) submitted was (were) independently arrived at without collusion, and 3) it hereby authorizes the Hawaii Public Housing Authority to verify information provided in this proposal.

Date: _____

Respectfully submitted,

Telephone No.: _____

Authorized Signature (Original)

Fax No.: _____

Remittance address, if different from business address:

Printed Name and Title

Legal Name of Offeror

Hawaii General Excise Tax License
I.D. No.: _____

Business Address

Federal Tax I.D. No. or Social Security No.:

City, State, Zip Code

Offeror is: Individual Partnership Corporation Joint Venture

State of Incorporation Hawaii *Other: _____

*If "other", is corporate seal available in Hawaii? Yes No

Offeror Name: _____

1. Offer shall list below business firms and/or government agencies to which he/she has provided similar or identical services to those required by the RFP.

Firm or Agency	Contact Person	Telephone No.	Dates of Service

2. Insurance coverage to be provided by:

Insurance Type	Provider	Agent Name	Agent Phone No.
General Commercial Liability			
Automobile			
Workers Compensation			

Point of Contact for this proposal: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Authorized Signature _____

Name and Title _____

PROPOSAL SUBMITTAL CHECKLIST**RFP ITO 2015-05****Website Redesign Services for the Hawaii Public Housing Authority**

The following checklist is provided as a reference for proposal submittal. The offeror shall be responsible for complying with all aspects of proposal submission requirements. The HPHA shall not be responsible for other pertinent RFP information not listed below:

- 1. Transmittal Letter (original signature required)
- 2. Wage Certificate
- 3. Proposal
- 4. Hawaii Compliance Certificate OR
 - a. Department of Labor and Industrial Relations, Certificate of Compliance with section 3-122-112, HAR, Form LIR #27; and
 - b. Department of Consumer and Commerce Affairs Certificate of Good Standing; and
 - c. State and Federal Tax Clearance Certificate.
- 5. Corporate Resolution indicating authorized signer for proposal and contractual documents
- 6. Submit proposal in a sealed envelope or box identified with RFP No. ITO-2015-05, offeror's legal name, business address, phone number, and address it to the attention of the RFP Coordinator.