

CHECKLIST FOR CERTIFICATION TO MOVE

1. Form HUD-903: Discrimination Complaint Form
2. HCV Participants Agreement/Obligations
3. Lease Addendum for Drug Free Housing
4. Occupancy Rights Under Violence Against Women Act
5. Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
6. Request For Tenancy Approval
7. Lead Based Paint Disclosure
8. Property Amenities Sheet
9. Tenant-Landlord Sign-Off Sheet
10. Acceptance of Unit
11. Voucher Extension Policy
12. Release to Owners
13. Voucher Form
14. HCV Landlord List
15. Payment Standards
16. Utility Allowance Schedules
17. Landlord Letter

By signing below you are confirming that you have received all the documents listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Head of Household

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Other Household Member

BHA Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



# Housing Discrimination Complaint

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0011

Please type or print this form

Public Reporting Burden for this collection of information is estimated to average 1 hour 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.

Read this entire form and all the instructions carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the HUD State Office covering the State where the complaint arose (see list on back of form), or any local HUD Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

**This section is for HUD use only.**

<b>Number</b>	<b>(Check the applicable box)</b> <input type="checkbox"/> Referral & Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	<b>Jurisdiction</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Info	<b>Signature of HUD personnel who established Jurisdiction</b>
<b>Filing Date</b>			

1. Name of Aggrieved Person or Organization (last name, first name, middle initial) (Mr.,Mrs.,Miss,Ms.) Home Phone  Business Phone

Street Address (city, county, State & zip code)

2. Against Whom is this complaint being filed? (last name, first name, middle initial) Phone Number

Street Address (city, county, State & zip code)

Check the applicable box or boxes which describe(s) the party named above:

Builder  Owner  Broker  Salesperson  Supt. or Manager  Bank or Other Lender  Other

If you named an individual above who appeared to be acting for a company in this case, check this box  and write the name and address of the company in this space:

Name: <input type="text"/>	Address: <input type="text"/>
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Name and identify others (if any) you believe violated the law in this case:

3. What did the person you are complaining against do? Check all that apply and give the most recent date these act(s) occurred in block No. 6a below.

Refuse to rent, sell, or deal with you  Falsely deny housing was available  Engage in blockbusting  Discriminate in broker's services

Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities  Advertise in a discriminatory way  Discriminate in financing  Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law

Other (explain)

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check all that apply.

<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify) <input type="text"/>	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicap <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify) <input type="text"/>
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5. What kind of house or property was involved? Did the owner live there? Is the house or property What is the address of the house or property?

<input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain) <input type="text"/>	Did the owner live there? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property <input type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?	What is the address of the house or property? (street, city, county, State & zip code) <input type="text"/>
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6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment.  
**Note:** HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made.

6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)

7. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct. Signature & Date

**For Alabama, the Caribbean, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee:**

**SOUTHEAST/CARIBBEAN OFFICE  
(Gregory\_L\_King@hud.gov)**

Fair Housing Enforcement Center  
U.S. Department of Housing and Urban Development  
Five Points Plaza  
40 Marietta Street, 16th Floor  
Atlanta, GA 30303-2806  
Telephone (404) 331-5140 or 1-800-440-8091  
Fax (404) 331-1021 • TTY (404) 730-2654

**For Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin:**

**MIDWEST OFFICE (Barbara\_Knox@hud.gov)**

Fair Housing Enforcement Center  
U.S. Department of Housing and Urban Development  
Ralph H. Metcalfe Federal Building  
77 West Jackson Boulevard, Room 2101  
Chicago, IL 60604-3507  
Telephone (312) 353-7776 or 1-800-765-9372  
Fax (312) 886-2837 • TTY (312) 353-7143

**For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:**

**SOUTHWEST OFFICE (Thurman\_G.Miles@hud.gov or Garry\_L.\_Sweeney@hud.gov)**

Fair Housing Enforcement Center  
U.S. Department of Housing and Urban Development  
801 North Cherry, 27th Floor  
Fort Worth, TX 76102  
Telephone (817) 978-5900 or 1-888-560-8913  
Fax (817) 978-5876 or 5851 • TTY (817) 978-5595

**For Iowa, Kansas, Missouri and Nebraska:**

**GREAT PLAINS OFFICE (Robbie\_Herndon@hud.gov)**

Fair Housing Enforcement Center  
U.S. Department of Housing and Urban Development  
Gateway Tower II  
400 State Avenue, Room 200, 4th Floor  
Kansas City, KS 66101-2406  
Telephone (913) 551-6958 or 1-800-743-5323  
Fax (913) 551-6856 • TTY (913) 551-6972

**For Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming:**

**ROCKY MOUNTAINS OFFICE (Sharon\_L.\_Santoya@hud.gov)**

Fair Housing Enforcement Center  
U.S. Department of Housing and Urban Development  
633 17th Street  
Denver, CO 80202-3690  
Telephone (303) 672-5437 or 1-800-877-7353  
Fax (303) 672-5026 • TTY (303) 672-5248

For further information call the Toll-free Fair Housing Complaint Hotline 1-800-669-9777.  
Hearing Impaired persons may call (TDD) 1-800-927-9275.

**For Arizona, California, Hawaii, and Nevada:**

**PACIFIC/HAWAII OFFICE (Charles\_Hauptman@hud.gov)**

Fair Housing Enforcement Center  
U.S. Department of Housing and Urban Development  
Phillip Burton Federal Building and U.S. Courthouse  
450 Golden Gate Avenue  
San Francisco, CA 94102-3448  
Telephone (415) 436-8400 or 1-800-347-3739  
Fax (415) 436-8537 • TTY (415) 436-6594

**For Alaska, Idaho, Oregon, and Washington:**

**NORTHWEST/ALASKA OFFICE (Judith\_Keeler@hud.gov)**

Fair Housing Enforcement Center  
U.S. Department of Housing and Urban Development  
Seattle Federal Office Building  
909 First Avenue, Room 205  
Seattle, WA 98104-1000  
Telephone (206) 220-5170 or 1-800-877-0246  
Fax (206) 220-5447 • TTY (206) 220-5185

**If after contacting the local office nearest you, you still have questions – you may contact HUD further at:**

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
451 7th Street, S.W., Room 5204  
Washington, DC 20410-2000  
Telephone (202) 708-0836 or 1-800-669-9777  
Fax (202) 708-1425 • TTY 1-800-927-9275

**Privacy Act of 1974 (P.L. 93-579)**

**Authority:** Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430).

**Purpose:** The information requested on this form is to be used to investigate and to process housing discrimination complaints.

**Use:** The information may be disclosed to the United States Department of Justice for its use in the filing of pattern or practice suits of housing discrimination or the prosecution of the person who committed the discrimination where violence is involved; and to state or local fair housing agencies which administer substantially equivalent fair housing laws for complaint processing.

**Penalty:** Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

**Disclosure of this information is voluntary.**

**Section 8 Program Participant's Agreement/Obligations**

Name of Participant: \_\_\_\_\_

Current Address: \_\_\_\_\_

I agree to perform all obligations under the Section 8 Program and to be bound by all obligations found in the Bloomington Housing Authority's Administrative Policy. I understand that the Bloomington Housing Authority may terminate assistance for violation of any of the stated family obligations.

1. I agree to supply documentation as HUD or the Bloomington Housing Authority determines necessary in the administration of this program.
2. I agree to comply with the requirements of the BHA in conducting annual renewals or interim changes of household income or household members.
3. I agree to report, in writing, any changes in my household income and/or household members within 14 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define "occurrence" as the first day of employment or the first day any other household income such as child support, etc., begins.
4. I agree to allow the BHA to inspect my leased unit after reasonable notice (24 hours).
5. Prior to vacating my assisted dwelling unit, I agree to notify BHA and my landlord in writing and in accordance with the terms of my lease agreement. I understand that I may not move more than one time each twelve months. I understand that BHA will not certify me to move until I have provided BHA with written permission from my landlord releasing me from my lease agreement. Further, I understand that I must notify BHA of any notice of eviction within 14 calendar days and if evicted from my assisted unit, BHA will file termination of my assistance.
6. I agree to use the leased dwelling unit as my sole residence and shall not assign, transfer or sub lease my unit.
7. I understand that I cannot permit any person or persons who are not on my Section 8 lease agreement to reside in my dwelling unit without the written consent of the landlord and the BHA. Guests cannot stay longer than 14 days per calendar year.
8. I agree that I cannot have a financial interest in the dwelling unit leased under Section 8.
9. I agree not to commit any fraud in connection with the Section 8 Voucher Program. I understand I cannot pay any additional rent to the landlord or pay any utilities that are the responsibility of the landlord. I agree to report any requests to do so to the BHA.
10. I understand that I cannot have Housing Assistance with any other HUD assisted housing program while receiving assistance from the BHA Voucher Program.
11. I understand if I am responsible for utilities they must be on in my own name. If I have outstanding debt(s), I must pay it in full or enter into a payment agreement with the utility vendor(s).
12. I agree to repay the BHA/landlord for any charges against me including but not limited to damages and/or unpaid rent. The maximum amount the BHA will enter into a payment agreement with a family is \$5000.00 and will not exceed a period of more than three (3) years. Any amounts exceeding \$5000.00, must be paid prior to the execution of a repayment agreement.
13. I agree to keep my leased dwelling unit in a clean and sanitary condition and shall comply with state and local laws requiring tenant to maintain rented premises.
14. I agree and shall be responsible for any damages (other than normal wear and tear) caused by acts of neglect by myself or my guests.
15. I agree and understand that BHA may deny or terminate assistance for the household due to action or failure to act by household members.
16. I agree and understand that BHA is required to deny admission or terminate assistance for illegal drug use, other criminal activity, and alcohol abuse that would threaten other residents.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Household Adults

\_\_\_\_\_

\_\_\_\_\_  
Signature of Occupancy Specialist

\_\_\_\_\_  
Date



**LEASE ADDENDUM FOR DRUG FREE HOUSING**

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Tenant agree as follows:

1. Tenant, any members of Tenant’s household, any guest, and any other person under Tenant’s control shall not:
  - a. Engage in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or other persons residing in the immediate vicinity of the premises, including management staff;
  - b. Engage in any drug-related criminal activity on or off the premises. “Drug-related criminal activity” means the illegal use, manufacture, selling, or distribution of a controlled substance, or possession with the intent to use, manufacture, sell, or distribute a controlled substance (as defined in Section 102 of the Controlled Substance Act-21 U.S.C. 802);
  - c. Illegally use any drug;
  - d. Engage in a pattern of illegal use of a drug or alcohol abuse which interferes with the health, safety or right to peaceful enjoyment of the premises by other residents;
  - e. Engage in any violent criminal activity on or near the premises;
  - f. Engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near project premises; and,
  - g. Permit the dwelling to be used for or to facilitate, criminal activity, including drug-related criminal activity.
  
2. Owner will evict Tenant and Tenant’s household if any member of the household is fleeing to avoid prosecution, custody, or confinement for a crime that is a felony under the laws of the place from which the individual is fleeing.
  
3. Owner will evict Tenant and Tenant’s household if any member of the household is violating a condition of probation or parole imposed under Federal or State law.
  
4. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY.** A single violation of any of the provisions of this Lease Addendum shall be deemed a serious violation and a material noncompliance with the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of a violation shall not require criminal conviction, but shall be by the preponderance of the evidence.
  
5. In the case of a conflict between the provisions of this Addendum and any other provision of the lease, the provisions of this Addendum shall govern.
  
6. This Lease Addendum is incorporated into the lease executed or renewed on this day.
  
7. I understand by signing this document I give the Bloomington Housing Authority permission to obtain information from any persons and/or agencies regarding any issues involving illegal drugs. I understand this permission will remain in effect for the duration of time I am receiving assistance through HUD for my housing needs.

Head of Household:\_\_\_\_\_

Date:\_\_\_\_\_

Other Adult Member:\_\_\_\_\_

Date:\_\_\_\_\_

Landlord:\_\_\_\_\_

Date:\_\_\_\_\_





**Bloomington Housing Authority Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup> (HUD-5380)**

**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.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Housing Choice Voucher Program** 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 **Housing Choice Voucher Program**, 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 **Housing Choice Voucher Program**, 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 **Housing Choice Voucher Program** 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**

BHA 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 BHA chooses to remove the abuser or perpetrator, BHA 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, BHA 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.

<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

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

BHA 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.

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

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

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

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

### **Confidentiality**

BHA 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.

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

BHA must not enter your information into any shared database or disclose your information to any other entity or individual.

BHA, however, may disclose the information provided if:

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

VAWA does not limit BHA’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, BHA 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 BHA 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 BHA can demonstrate the above, BHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

#### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

#### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Housing and Urban Development Indianapolis Field Office, 575 N. Pennsylvania St. Suite 655, Indianapolis, IN 46204 or via phone at 317.226.6303.**

#### **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, BHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Bloomington Housing Authority at 812.339.3491.**

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 **Middle Way House at 812.336.0846.**

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 **Middle Way House at 812.336.0846 or Bloomington Police Department at 812.339.4477.**

Victims of stalking seeking help may contact **Middle Way House at 812.336.0846 or Bloomington Police Department at 812.339.4477.**

**Attachment:** Certification form HUD-5382

**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.

**Request for Tenancy Approval**

Housing Choice Voucher Program

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)  <div style="text-align: center; font-size: 24pt; font-weight: bold;">BHA</div>			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type  <input type="checkbox"/> Single Family Detached (one family under one roof)  <input type="checkbox"/> Semi-Detached (duplex, attached on one side)  <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)  <input type="checkbox"/> Low-rise apartment building (4 stories or fewer)  <input type="checkbox"/> High-rise apartment building (5+ stories)  <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy:  <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)  <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME  <input type="checkbox"/> Section 236 (insured or uninsured)  <input type="checkbox"/> Section 515 Rural Development  <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by	
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Other (specify)			
			Provided by
Refrigerator			
Range/Microwave			





## Give To Landlord

### 12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

**OMB Burden Statement:** The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**Privacy Notice:** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date





# Property Amenities Form

Address of dwelling unit: \_\_\_\_\_

Date Constructed: \_\_\_\_\_ Square footage of unit: \_\_\_\_\_ Number of bathrooms \_\_\_\_\_

Prospective Tenant's Name: \_\_\_\_\_ Accessible unit: Yes No

Unit Type (Circle only one): Single Family Detached Apartment/Townhouse Duplex Manufactured Home

Utilities are in service and in working order: Yes No (If No, inspection will not be scheduled.)

Unit has been painted, cleaned and received turnover maintenance within the past 30 days: Yes No

Unit is within 5 miles of public transportation and/or medical facilities: Yes No If yes how many miles? \_\_\_\_\_

**Unit has the following amenities, facilities and services:** (Circle all that apply)

- Drapes/Blinds      Ceiling Fans      Dishwasher      Garbage Disposal      Microwave      Refrigerator
- Central Air      Window Air      On-Site Laundry Facility      Wi-Fi/High-Speed Internet      Patio/Balcony      Stove-hood
- Washer/Dryer Hook-up      Washer/Dryer      Finished Basement      Unfinished Basement      Playground
- Storage Shed      Deck/Porch      Fitness Center      Pool      Garage      On-site Parking      Large Yard/Common Area
- On-Site Maintenance      Owner-Provided Snow Removal      Owner-Provided Lawn Care

**Unit has had the following upgrades within the past five years:** (Circle all that apply)

- Floor Covering      Windows      Exterior Doors      Siding      Roof      Insulation
- Furnace      Water Heater      Countertops

Owner/Landlord Name: \_\_\_\_\_

Preparer's Name and Title (if different from above): \_\_\_\_\_

By signing below, I certify that I have disclosed true and accurate information on this form. I understand that if all of the above questions are not answered, the inspection will not be scheduled and the proposed tenancy may not be able to be approved. I further understand that the unit must be in a "move-in ready" condition and all utilities on in order for the inspection to be scheduled. I further acknowledge that if the unit fails the initial inspection, only one follow-up inspection will be conducted to verify all required repairs have been completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**TENANT-LANDLORD SIGN OFF SHEET**

I agree that an initial joint inspection between the landlord (or their designee) and the tenant was conducted on \_\_\_\_\_ at the following address \_\_\_\_\_.

We are both in agreement that the following were the only damages at the time of this inspection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*ATTENTION LANDLORDS IMPORTANT INFORMATION\***

The Bloomington Housing Authority will make every effort to accommodate both you and your tenant. We strive to make every transaction an “efficient and stress free” experience”. All new “Move-Ins” will begin on the first of the month. To ensure your HAP payments (The Bloomington Housing Authority’s portion of the rent) are made in a timely manner the following **must** occur:

1. Once the inspection has been completed and passed, the tenant **MUST** move into the unit.
1. The Tenant/Landlord Sign Off Sheet must be completed and signed by both the landlord and the tenant and returned to the BHA office.
2. Both you and your tenant must sign the lease.

It is very important that the above items are completed; **if any of the above are not completed the rent will default to the next “Move-In” date.**

\_\_\_\_\_  
Landlord Name (Please Print)

\_\_\_\_\_  
Tenant Name (Please Print)

\_\_\_\_\_  
Landlord Signature Date

\_\_\_\_\_  
Tenant Signature Date

\_\_\_\_\_  
Landlord Contact Phone Number

\_\_\_\_\_  
Tenant Contact Phone Number







## Agreement to Accept Unit

Bloomington Housing Authority (BHA) strives to facilitate a positive and successful housing experience for both you and your landlord. By signing below, you understand and agree to the following:

- 1) I understand that when I submit a Request for Tenancy Approval (RTA) to my landlord, and the RTA has been submitted to and approved by BHA, a Housing Quality Standards (HQS) inspection will be completed for my prospective unit.
- 2) I understand that I may not submit multiple RTA's to different landlords.
- 3) I understand that once my prospective unit has passed inspection, I must move into the unit.
- 4) I understand that failure to do so will result in the termination of my Housing Choice Voucher assistance.
- 5) I understand I may only change residences one time each twelve (12) month period.
- 6) Prior to vacating my assisted dwelling unit, I agree to notify BHA and my landlord in writing and in accordance with the terms of my lease agreement.
- 7) I understand that BHA will not certify me to move until I have provided BHA with written permission from my landlord releasing me from my lease agreement.
- 8) I understand if I currently reside in a unit with voucher assistance and have certified to move but then decide to not move, I must notify both BHA and my current landlord.

- Exception requests to the above requirements must be made in writing and are determined at the sole discretion of BHA. Exceptions will only be considered for medical or family emergencies, unexpected changes in family circumstances, or any other factors beyond the family's control as determined by BHA.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
BHA Staff Signature







Bloomington Housing Authority  
 1007 North Summit, Bloomington, Indiana 47404  
 812-339-3491 fax 812-339-7177

## **Voucher Extension and Subsidy Standard Policy**

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By signing below, I understand and agree to the following:

- 1) I understand that I have 90 days from voucher issuance date to locate a unit for program participation and to have a correct and complete Request for Tenancy Approval (RTA) submitted to Bloomington Housing Authority (BHA). I understand that failure to do so will result in the expiration of my voucher without further notice.
- 2) I understand that if I am eligible for a 30-day extension (granting a total of 120 days), that I will submit a written or emailed request for the extension, along with any required verifications, to BHA prior to the original expiration of my voucher (90 days from voucher issuance). I understand that extensions are at the sole discretion of BHA and will only be granted for the following reasons:
  - Medical or family emergency which has affected the family’s ability to locate a unit within the initial 90 day period.
  - The family was prevented from finding a unit due to disability and requires additional time as a reasonable accommodation
  - The family is eligible for a larger-size unit (4 or 5-bedrooms) and has been unable to locate a unit. Verification of the family’s search record will be required.
- 3) I understand BHA will assign one bedroom for each two persons within the household, except in the following circumstances:
  - Persons of the opposite sex (other than spouses, and children under 12) will be allocated separate bedrooms. Single person families will be allocated one bedroom. If you are a person with disabilities and require an accommodation, please notify a BHA staff member.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Head of Household Signature

\_\_\_\_\_  
 BHA Staff Signature







Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404  
812-339-3491 fax 812-339-7177

## Release of Information

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I, \_\_\_\_\_, give my permission and authorization to Bloomington Housing Authority (BHA) to release any and all relevant information to my new and/or previous landlords (while receiving Housing Choice Voucher assistance). This includes but is not limited to unpaid rent, damages, and legal matters concerning the assisted unit.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
BHA Staff Signature





# Voucher

## Housing Choice Voucher Program

### U.S. Department of Housing and Urban Development

OMB No. 2577-0169  
(exp. 04/30/2026)

#### Office of Public and Indian Housing

**OMB Burden Statement:** The public reporting burden for this information collection is estimated to be up to 0.05 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is required for participation in the housing choice voucher program. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by 24 CFR § 982.302. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

Please read <b>entire</b> document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert <b>unit size</b> in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size
2. <b>Date Voucher Issued (mm/dd/yyyy)</b> Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)
3. <b>Date Voucher Expires (mm/dd/yyyy)</b> must be at least sixty days after date Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)
4. <b>Date Extension Expires</b> (if applicable)(mm/dd/yyyy) (See Section 6. of this form)		4. Date Extension Expires (mm/dd/yyyy)
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA)		
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

## 1. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determine the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

## 2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approval unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

## 3. PHA Approval or Disapproval of Unit or Lease

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (of the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
- C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provision of the HUD tenancy addendum shall control.
- D. After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.
- E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.
  1. The owner and the family must execute the lease.
  2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
  3. The PHA will execute the HAP contract and return an executed copy to the owner.
- F. If the PHA determined that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:
  1. The proposed unit or lease is disapproved for specified reasons, and
  2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved.

## 4. Obligations of the Family

- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.
- B. The family must:
  1. Supply any information that the PHA or HUD determined to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly schedule reexamination or interim reexamination of family income and composition.



2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
  3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
  4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
  5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
  6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
  7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
  8. Promptly notify the PHA in writing of the birth, adopting, or court-awarded custody of a child.
  9. Request PHA written approval to add any other family member as an occupant of the unit.
  10. Promptly notify the PHA in writing if any family member no longer lives in the unit. Give the PHA a copy of any owner eviction notice.
  11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
  2. Commit any serious or repeated violation of the lease.
  3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
  4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
  5. Sublease or let the unit or assign the lease or transfer the unit.
  6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
  7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
  8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
  9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

### **5. Illegal Discrimination**

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex (including sexual orientation and gender identity), disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

### **6. Expiration and Extension of Voucher**

The voucher will expire on the date stated in item 3 on the top of page one of the voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.

If the family needs and requests an extension of the initial voucher term as a reasonable accommodation, in accordance with part 8 of this title, to make the program accessible to a family member who is a person with disabilities, the PHA must extend the voucher term up to the term reasonably required for that purpose.

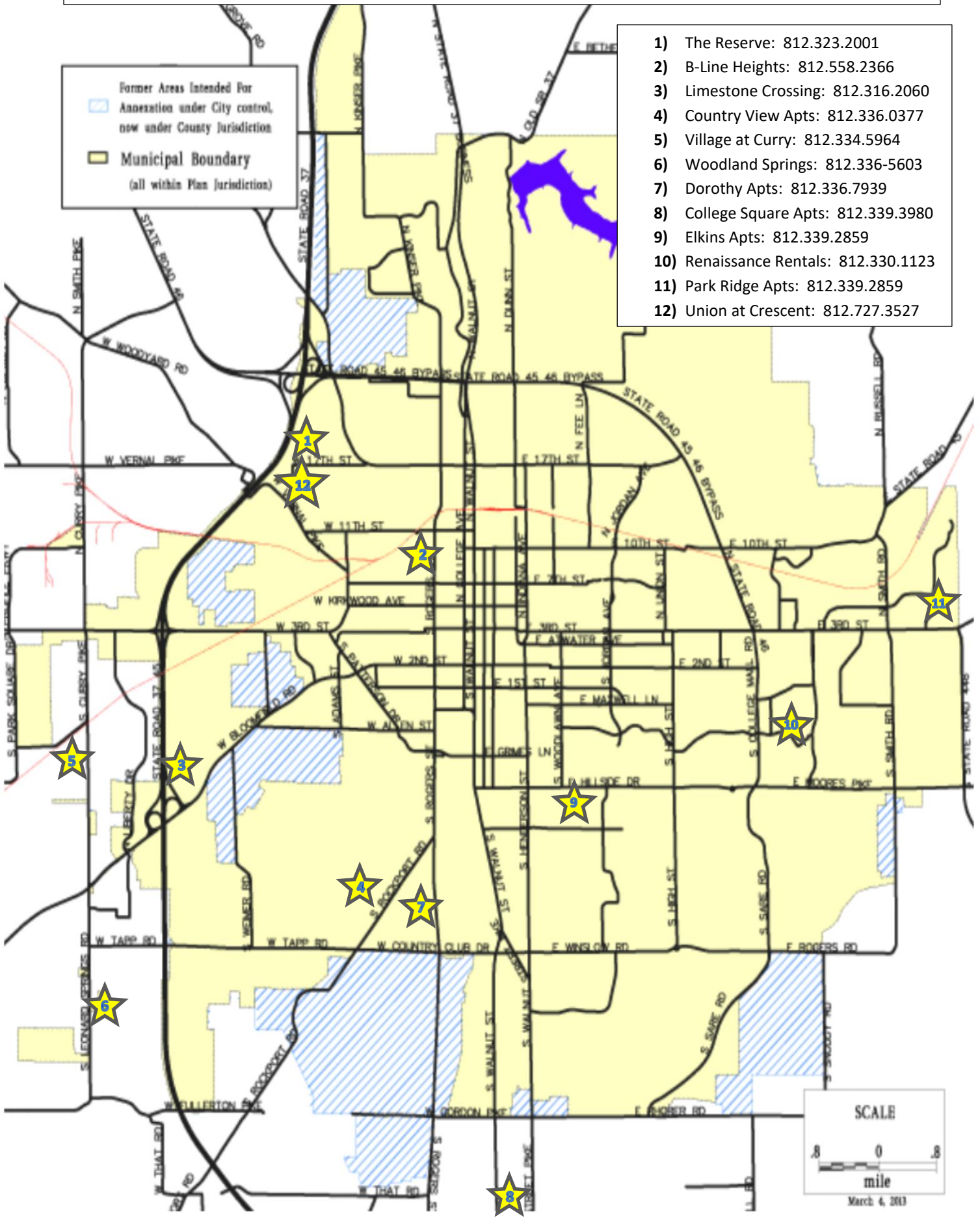


# Apartment Complexes in Bloomington, IN

Former Areas Intended For  
 Annexation under City control,  
 now under County Jurisdiction

Municipal Boundary  
 (all within Plan Jurisdiction)

- 1) The Reserve: 812.323.2001
- 2) B-Line Heights: 812.558.2366
- 3) Limestone Crossing: 812.316.2060
- 4) Country View Apts: 812.336.0377
- 5) Village at Curry: 812.334.5964
- 6) Woodland Springs: 812.336-5603
- 7) Dorothy Apts: 812.336.7939
- 8) College Square Apts: 812.339.3980
- 9) Elkins Apts: 812.339.2859
- 10) Renaissance Rentals: 812.330.1123
- 11) Park Ridge Apts: 812.339.2859
- 12) Union at Crescent: 812.727.3527





For more HCV-Section 8 listings please visit <https://www.indianahousingnow.org>

Apartment/Management	Address	Contact	HCV	Location	Bus line	Pets	Notes
A 1 Town Homes	P.O. Box 145	812-345-5009	yes	varies	yes	yes	
Acadia Court	3008 Acadia Court	812-961-5464	call	southeast	yes	yes	background check
Action Property	1203 S. Walnut St.	812-332-8870	call	varies			
All Natural Properties	4217 E. 3rd St.	812-361-0387	call	varies			
B-Line Heights	611 N. Rogers St.	812-668-202	yes	downtown	yes		
Brandon Court	2381 Brandon Court	812-961-8807	yes	south	yes	yes	background check
Brawley	P.O. Box 5543	812-327-533	call	varies			
C&J Conerstone LLC		812-325-9093	call	varies			
Caritas-Indiana LLC		702-807-8204	call	varies			
Carmichael Properties		812-334-8285	call	varies			
College Square	3100 South Walnut St. Pike	812-339-3980	yes	south	yes	1 pet	criminal check
Country View Apts	2500 S. Rockport Rd.	812-336-0377	yes	south	yes	yes	
Covenater Hill	3101 Covenater Drive	812-330-1123	1 br only	east	yes	yes	
Cowden Enterprise	2088 S. Liberty Dr. Ste114	812-336-8530	call	varied	call	call	
Crescent Pointe	West 17th & Crescent Road	317-881-8811	Call	northwest	yes		usually have waitlist
CS Property	225 N. Washington St.	812-330-1411	call	varies			
DAJA- c/o Prodigy	3880 E. 3rd St. Suite A	812-327-6195	call	varies			
DanBERT Properties, LLC.		812-824-9053	call	south			
Donald Cowden Revocable Trust	3111 Venture Blvd.	812-336-8530	call	varies/west			

For more HCV-Section 8 listings please visit <https://www.indianahousingnow.org>

Apartment/Management	Address	Contact	HCV	Location	Bus line	Pets	Notes
Dorothy Apartments	2226 S. Rogers St.	812-336-7939	yes	southwest	yes	call	
Elkins Apartments	940 North Walnut Street	812-339-2859	yes	varied	yes	yes	
Ellettsville Apartments	411 South Sale Street	812-876-2563	yes	west	Rural Transi	no	1 and 2 bedrooms
Governor Park	4750 Lenzy Way	812-803-3302	yes	Ellettsville	yes		55+ or disabled
Jamar Properties	320 E. 3rd Street	812-330-8655	call	varies			
Jill Snyder		812-339-8398	call	varied			
Kingsbury Properties	<a href="mailto:marty47542@yahoo.com">marty47542@yahoo.com</a>	<a href="mailto:kingsburyproperties463@gmail.com">kingsburyproperties463@gmail.com</a>	call	west			
Lenzy Hayes Inc.	5665 West SR 46	812-876-5478	yes	west	no	yes	
LifeDesigns		812-332-9615	yes	south	yes		
Limestone Crossing	540 South Basswood Drive	812-332-7522	yes	west	yes	yes	
Orion Management Group	400 W. 7th St. Suite 233	812-334-5964	call	varies			
Park North/Olympus	2622 North Walnut	812-334-8200	yes	north	yes	cats	
Parker Real Estate	P. O. Box 1112	812-339-2115	call	varies			
Patterson Pointe	454 S. Westplex Ave.	812 822-3784	call	west	yes		55+/Income restrictions
Pavilion Properties	112 E Third St	812-333-2332	call	varied	yes	no	may require co-signer
Pegasus Properties	3101 East Covenant Dr	812-824-3230	yes	varied	yes	some	
Pyramid Properties		812-323-0974	call	varied			
Renaissance	3192 E. Covenant Dr., Ste 100	812-323-8021	call	varied			
Reserve @ Chandlers Glenn	1320 N Arlington Park Dr	812-323-2001	yes	northwest	yes	yes	

Apartment/Management	Address	Contact	HCV	Location	Bus line	Pets	Notes
Sarge Rentals	2623 N. Walnut St.	812-330-1501	call	varies			
Schoolview Apartments	7201-7281 Susan St.	317-756-9893	call	Ellettsville	no	no	
Shaw Rentals	2005 S. Rogers St.	812-334-4010	call	varied	call	call	
Southern Knoll LP.	1105 W. Third St.	812-335-3640	call	west			income qualifications
Union @ Crescent	1100 N. Crescent Rd.	812-287-8464		northwest	yes		
Westmoreland Rentals		812-929-3114	call	varied			
William Mckee (owner)		812-333-8411	yes	varies	yes	no	
Woodbridge Apts	3401 John Hinkle Place	812-337-3501	call	east	yes	yes	
Woodland Springs	3111 S Leonard Springs	812-336-5603	yes	west	yes	yes	

**Income-based/Below-Market**

College Square	3100 S. Walnut St. Pk.	812-339-3980	yes	south	yes	yes	
Cambridge Square	307 Pete Ellis	812-294-8231		east	yes	yes	over 62 or disabled
Country View Apartments	2500 S. Rockport Rd.	812-336-0377	yes	south	yes	yes	Sec. 42 tax credit
Henderson Court	2475 S. Winslow Court	812-339-3088	no	south	yes	no	
Orchard Glenn Cooperative	1001 S. Sugar Maple Circ.	812-332-9177	no	west	yes	no	
Reserve at Chandler's Glen	1320 N Arlington Park Dr.	812-323-2001	yes	north	yes	yes	
Southern Knoll LP.	1105 W. Third St.	812-335-3640	call	west			income qualifications
Woodland Springs Apts	3111 S Leonard Springs Rd.	812-336-5603	yes	west	yes	yes	
Westplex Woods	100 Westplex Dr	812-337-2434	no	west	yes	yes	

For more HCV-Section 8 listings please visit <https://www.indianahousingnow.org>

Income-Based-For Seniors							
Apartment/Management	Address	Contact	Section 8	Location	Bus line	Pets	Notes
Cambridge Square Apartments	307 Pete Ellis	812-337-3507		east	yes	yes	over 62 or disabled
Dodds Wiley Court	720 W. Dodds, 739 W. Wiley	812-876-3383	yes	west	yes	yes	55 or older
Edgewood Village Apartments	7400-7496 Mustang Drive, Ellettsville, IN	812-876-3383	yes	Ellettsville	Rural Transi	yes	55 or older
Governor Park	4750 Lenzy Way	812-803-3302	yes	Ellettsville	yes		55+ or disabled
Maple Shades	1101 W. Main St.	812-876-6111	yes	Ellettsville	Rural Transi	yes	
Millyard	800 N. Allen, Ellettsville	812-876-6111	call	Stinesville			
Providence Place	2520 S.Rockport Rd.	812-334-7836		south	yes	yes	must be over 62
Richland Apartments	5665 West SR 46	812-846-5478	yes	Ellettsville	Rural Transi		over 62 or disabled



## HCVP Payment Standards 2024

Efficiency	\$1,017 <sup>00</sup>
One Bedroom	\$1,174 <sup>00</sup>
Two Bedroom	\$1,351 <sup>00</sup>
Three Bedroom	\$1,858 <sup>00</sup>
Four Bedroom	\$2,176 <sup>00</sup>
Five Bedroom	\$2,503 <sup>00</sup>

**Please note:** Payment Standard amounts reflect rent plus utilities for units and are also dependent on rent reasonableness as compared to similar unassisted units in the area near the unit being considered for occupancy.

If these standards are exceeded, the tenant is responsible for all amounts over and above these standards in addition to their normal 30% of adjusted monthly income; but cannot exceed 40% of adjusted monthly income at the move-in.

Effective December 1, 2023



**Allowances for  
Tenant-Furnished Utilities  
And Other Services**

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

Locality: <b>Bloomington, Indiana</b>		<b>Single Family Detached</b>					Date: <b>1/1/2023</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating</b>	a. Natural Gas	\$49	\$57	\$63	\$72	\$80	\$88
	b1. Electric Resistance	\$48	\$56	\$64	\$71	\$80	\$89
	b2. Electric Heat Pump	\$24	\$24	\$24	\$24	\$24	\$24
	c. Propane/LPG	\$124	\$146	\$167	\$189	\$211	\$232
<b>Cooking</b>	a. Natural Gas	\$4	\$6	\$7	\$8	\$10	\$11
	b. Electric	\$7	\$9	\$11	\$13	\$15	\$17
	c. Propane/LPG	\$10	\$14	\$17	\$20	\$24	\$27
<b>Other Electric/Lighting</b>		\$50	\$67	\$80	\$93	\$106	\$119
<b>Air Conditioning</b>		\$3	\$8	\$12	\$16	\$20	\$24
<b>Water Heating</b>	a. Natural Gas	\$8	\$16	\$23	\$31	\$39	\$47
	b. Electric	\$10	\$21	\$32	\$43	\$54	\$65
	c. Propane/LPG	\$19	\$38	\$57	\$76	\$96	\$115
<b>Water</b>	a. Bloomington	\$19	\$24	\$35	\$50	\$66	\$81
	b. Ellettsville	\$33	\$43	\$62	\$91	\$120	\$148
<b>Sewer</b>	a. Bloomington	\$42	\$46	\$60	\$81	\$101	\$120
	b. Ellettsville	\$36	\$41	\$52	\$69	\$85	\$101
<b>Trash Collection</b>		\$7	\$7	\$12	\$12	\$19	\$19
<b>Range/Microwave</b>		\$7	\$7	\$7	\$7	\$7	\$7
<b>Refrigerator</b>		\$7	\$7	\$7	\$7	\$7	\$7

Locality: <b>Bloomington, Indiana</b>		<b>Duplex, Attached, Garden, Apartment With 2-4 Units</b>				Date: <b>1/1/2023</b>	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating</b>	a. Natural Gas	\$44	\$51	\$57	\$65	\$72	\$78
	b1. Electric Resistance	\$44	\$51	\$58	\$65	\$71	\$79
	b2. Electric Heat Pump	\$23	\$23	\$23	\$23	\$23	\$23
	c. Propane/LPG	\$111	\$130	\$150	\$169	\$189	\$208
<b>Cooking</b>	a. Natural Gas	\$4	\$6	\$7	\$8	\$10	\$11
	b. Electric	\$7	\$9	\$11	\$13	\$15	\$17
	c. Propane/LPG	\$10	\$14	\$17	\$20	\$24	\$27
<b>Other Electric/Lighting</b>		\$37	\$53	\$69	\$82	\$94	\$107
<b>Air Conditioning</b>		\$4	\$7	\$11	\$14	\$18	\$21
<b>Water Heating</b>	a. Natural Gas	\$8	\$16	\$23	\$31	\$39	\$47
	b. Electric	\$10	\$21	\$32	\$43	\$54	\$65
	c. Propane/LPG	\$19	\$38	\$57	\$76	\$96	\$115
<b>Water</b>	a. Bloomington	\$17	\$21	\$28	\$40	\$52	\$63
	b. Ellettsville	\$29	\$36	\$50	\$72	\$93	\$115
<b>Sewer</b>	a. Bloomington	\$42	\$42	\$51	\$68	\$83	\$98
	b. Ellettsville	\$33	\$37	\$46	\$58	\$70	\$82
<b>Trash Collection</b>		\$7	\$7	\$12	\$12	\$19	\$19
<b>Range/Microwave</b>		\$7	\$7	\$7	\$7	\$7	\$7
<b>Refrigerator</b>		\$7	\$7	\$7	\$7	\$7	\$7

Locality: <b>Bloomington, Indiana</b>		<b>Apartment With 5 or More Units; High Rise</b>				Date: <b>1/1/2023</b>	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating</b>	a. Natural Gas	\$26	\$30	\$33	\$37	\$41	\$45
	b1. Electric Resistance	\$26	\$29	\$34	\$38	\$41	\$45
	b2. Electric Heat Pump	\$13	\$13	\$13	\$13	\$13	\$13
	c. Propane/LPG	\$63	\$74	\$85	\$96	\$107	\$119
<b>Cooking</b>	a. Natural Gas	\$4	\$6	\$7	\$8	\$10	\$11
	b. Electric	\$7	\$9	\$11	\$13	\$15	\$17
	c. Propane/LPG	\$10	\$14	\$17	\$20	\$24	\$27
<b>Other Electric/Lighting</b>		\$38	\$50	\$63	\$72	\$82	\$91
<b>Air Conditioning</b>		\$3	\$5	\$8	\$11	\$14	\$16
<b>Water Heating</b>	a. Natural Gas	\$8	\$16	\$23	\$31	\$39	\$47
	b. Electric	\$10	\$21	\$32	\$43	\$54	\$65
	c. Propane/LPG	\$19	\$38	\$57	\$76	\$96	\$115
<b>Water</b>	a. Bloomington	\$17	\$21	\$28	\$40	\$52	\$63
	b. Ellettsville	\$29	\$36	\$50	\$72	\$93	\$115
<b>Sewer</b>	a. Bloomington	\$42	\$42	\$51	\$68	\$83	\$98
	b. Ellettsville	\$33	\$37	\$46	\$58	\$70	\$82
<b>Trash Collection</b>		\$7	\$7	\$12	\$12	\$19	\$19
<b>Range/Microwave</b>		\$7	\$7	\$7	\$7	\$7	\$7
<b>Refrigerator</b>		\$7	\$7	\$7	\$7	\$7	\$7

Locality: <b>Bloomington, Indiana</b>		<b>Mobile Home</b>				Date: <b>1/1/2023</b>	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating</b>	a. Natural Gas	\$42	\$49	\$54	\$62	\$69	\$75
	b1. Electric Resistance	\$42	\$49	\$55	\$61	\$69	\$76
	b2. Electric Heat Pump	\$21	\$21	\$21	\$21	\$21	\$21
	c. Propane/LPG	\$107	\$125	\$144	\$163	\$181	\$200
<b>Cooking</b>	a. Natural Gas	\$4	\$6	\$7	\$8	\$10	\$11
	b. Electric	\$7	\$9	\$11	\$13	\$15	\$17
	c. Propane/LPG	\$10	\$14	\$17	\$20	\$24	\$27
<b>Other Electric/Lighting</b>		\$40	\$61	\$78	\$94	\$110	\$127
<b>Air Conditioning</b>		\$3	\$7	\$11	\$14	\$17	\$20
<b>Water Heating</b>	a. Natural Gas	\$8	\$16	\$23	\$31	\$39	\$47
	b. Electric	\$10	\$21	\$32	\$43	\$54	\$65
	c. Propane/LPG	\$19	\$38	\$57	\$76	\$96	\$115
<b>Water</b>	a. Bloomington	\$17	\$21	\$28	\$40	\$52	\$63
	b. Ellettsville	\$29	\$36	\$50	\$72	\$93	\$115
<b>Sewer</b>	a. Bloomington	\$42	\$42	\$51	\$68	\$83	\$98
	b. Ellettsville	\$33	\$37	\$46	\$58	\$70	\$82
<b>Trash Collection</b>		\$7	\$7	\$12	\$12	\$19	\$19
<b>Range/Microwave</b>		\$7	\$7	\$7	\$7	\$7	\$7
<b>Refrigerator</b>		\$7	\$7	\$7	\$7	\$7	\$7



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404  
812-339-3491 fax 812-339-7177

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Landlord,

\_\_\_\_\_ was in our office to certify to move today. The intent of this letter is to provide you with the required sixty (60) days' notice. The family will vacate by \_\_\_\_\_. If you are willing to release the family prior to this date, please notify the BHA in writing.

**Please notify me within ten (10) days from the date of this notice if you have filed or plan to file any legal action against the family.**

If, at the time of your move out inspection, you find there have been damages created in the unit that exceed the damage deposit, you will need to enter into a repayment agreement with the family. If you and the tenant are unable to come to an agreement regarding the amount of damages, you should file with the Monroe County Court and forward a copy of the filing to the BHA office. If a judgment is obtained, a copy must be forwarded to the BHA office.

If you have any questions, please call me at (812) 339-3491 ext \_\_\_\_\_.

Sincerely,

HCVP Occupancy Specialist

Cc; file