

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
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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.

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

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:	Address
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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="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)
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5. What kind of house or property was involved? <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)	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)
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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)
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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
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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 Act¹ (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.² 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.

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

² 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

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

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. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA)			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			

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.

Print or Type Name of Owner/Owner Representative		Head of Household Printed Name	
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

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

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
Office of Public and Indian Housing**

OMB No. 2577-0169
(exp. 07/31/2022)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). 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.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. 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. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert unit size 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. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)
4. Date Extension Expires (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 determining 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 approvable 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 a 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 (on 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.

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 provisions 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 determines 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 determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled 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, adoption, 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, 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 this 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.



Bloomington Housing Authority

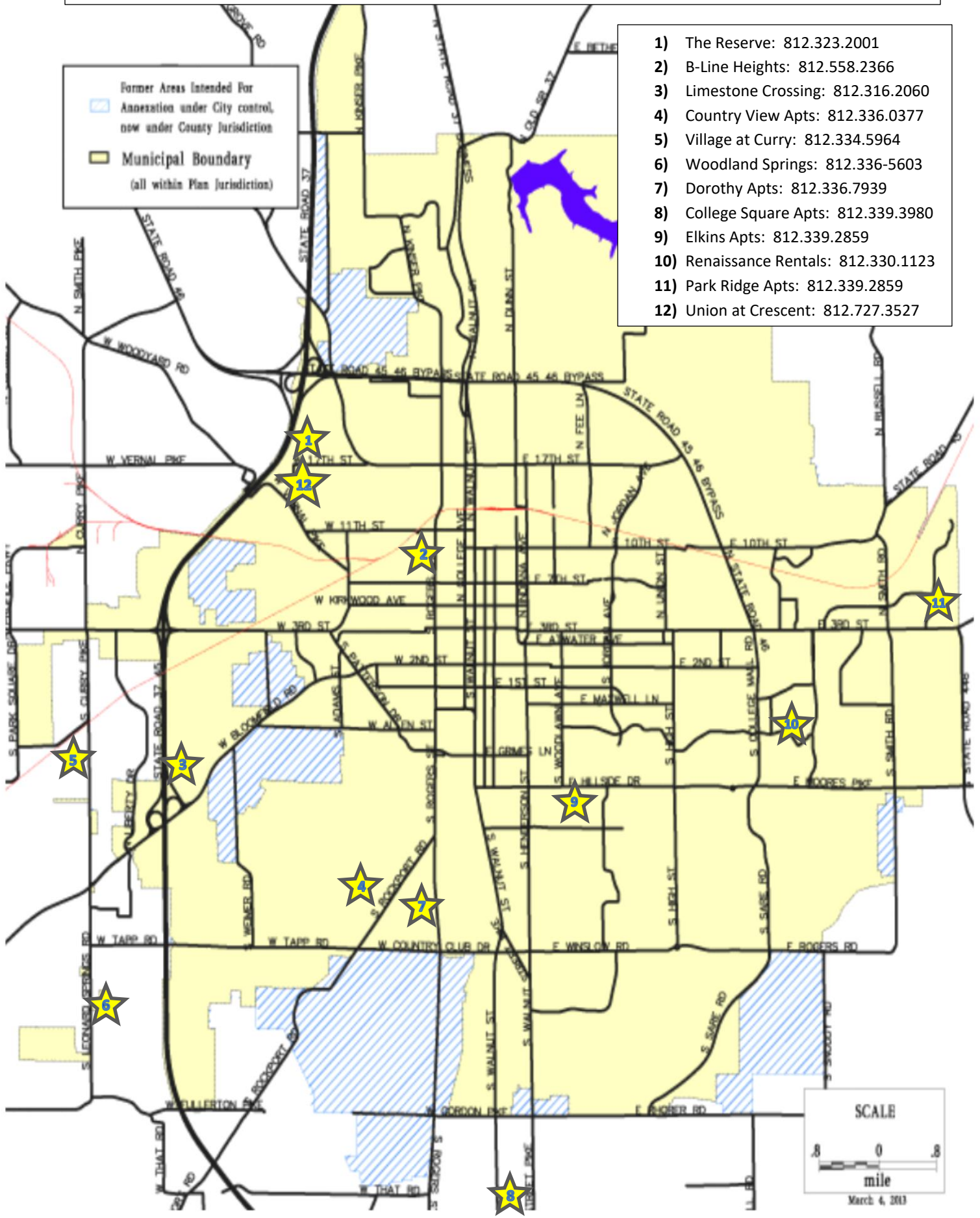
1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

Participating Landlords*

B-Line Heights	812.558.2366
Crescent Pointe	812.339.8018
A-1 Townhomes	812.345.5009
Brandon Court	812.961.8807
Park North	812.334.8200
Dorothy Apartment Rentals	812.336.7939
Jamar Properties	812.330.8655
Kingsbury Properties	marty47542@yahoo.com
Jill Snyder	812.339.8398
Acadia Court	812.961.5464
Nancy Shaw	812.334.4010
Action Management Properties	812.332.8870
All Natural Properties	812.361.0387
David Blackwell	812.824.9053
Woodland Springs	812.336.5603
Southern Knoll	812.335.3640
Cowden Enterprise	812.336.8530
Limestone Crossing	812.332.7522
Red Brick Apartments	812.699.4229
The Reserve	812.323.2001
Country View	812.336.0377
Union @ Crescent	812.727.3527
College Square	812.339.3980

**Landlord participation is subject to change at any time with or without notice*

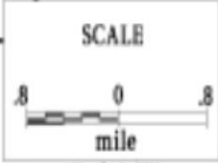
Apartment Complexes in Bloomington, IN



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



March 4, 2013

Landlord List

10/15/2018

<i>Landlord</i>	Area 10 Agency On Aging	<i>Landlord</i>	Canterbury House Apartments	<i>Landlord</i>	Country View
<i>Phone Number</i>	(812) 935-2504	<i>Phone Number</i>	(812) 332-7522	<i>Phone Number</i>	(812) 336-0377
<i>Handicap Accessible Units</i>	<input checked="" type="checkbox"/>	<i>Handicap Accessible Units</i>	<input checked="" type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>
<i>Important Info:</i>	Ages 55 and older	<i>Important Info:</i>		<i>Important Info:</i>	
<i>Landlord</i>	Crescent Pointe Housing Partners	<i>Landlord</i>	Daniel K. Blackwell	<i>Landlord</i>	Dorothy Apartment Rentals
<i>Phone Number</i>	(812) 549-5825	<i>Phone Number</i>	(812) 824-9053	<i>Phone Number</i>	(812) 336-7939
<i>Handicap Accessible Units</i>	<input type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>
<i>Important Info:</i>		<i>Important Info:</i>		<i>Important Info:</i>	3 bedroom units only
<i>Landlord</i>	Edgewood Village	<i>Landlord</i>	Elkins Apts.	<i>Landlord</i>	Ellettsville Apartments
<i>Phone Number</i>	(812) 935-7348	<i>Phone Number</i>	(812) 339-2859	<i>Phone Number</i>	(812) 876-2563
<i>Handicap Accessible Units</i>	<input type="checkbox"/>	<i>Handicap Accessible Units</i>	<input checked="" type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>
<i>Important Info:</i>	55 and older-no children	<i>Important Info:</i>		<i>Important Info:</i>	1 and 2 bedrooms only
<i>Landlord</i>	Glick Arlington Park LLC.	<i>Landlord</i>	Jill Snyder	<i>Landlord</i>	Lenzy Hayes
<i>Phone Number</i>	(812) 323-2001	<i>Phone Number</i>	(812) 339-8398	<i>Phone Number</i>	(812) 876-5478
<i>Handicap Accessible Units</i>	<input checked="" type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>
<i>Important Info:</i>		<i>Important Info:</i>		<i>Important Info:</i>	
<i>Landlord</i>	Life Designs	<i>Landlord</i>	Mill Yard	<i>Landlord</i>	Pegasus Properties
<i>Phone Number</i>	(812) 332-9615	<i>Phone Number</i>	(812) 935-6699	<i>Phone Number</i>	(812) 824-3230
<i>Handicap Accessible Units</i>	<input type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>
<i>Important Info:</i>		<i>Important Info:</i>	Disabled Individuals, or Senior Citizens 62 and over.	<i>Important Info:</i>	

The BHA will assist you with finding handicap accessible units

<i>Landlord</i>	Renaissance	<i>Landlord</i>	Shaw Rentals	<i>Landlord</i>	Vicky Holdeman
<i>Phone Number</i>	(812) 323-8021	<i>Phone Number</i>	(812) 334-4010	<i>Phone Number</i>	(812) 323-0974
<i>Handicap Accessible Units</i>	<input checked="" type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>
<i>Important Info:</i>		<i>Important Info:</i>	1 and 2 bedrooms only	<i>Important Info:</i>	
<i>Landlord</i>	Walnut Grove Apartments	<i>Landlord</i>	Woodland Springs		
<i>Phone Number</i>	(812) 339-3980	<i>Phone Number</i>	(812) 336-5603		
<i>Handicap Accessible Units</i>	<input type="checkbox"/>	<i>Handicap Accessible Units</i>	<input type="checkbox"/>		
<i>Important Info:</i>		<i>Important Info:</i>			

The BHA will assist you with finding handicap accessible units

For more HCV-Section 8 listings please visit www.socialserve.com

Apartment or Property Manager	Address	Phone	Deposit	Sec 8	Location	# units	# bedrooms	Rent range	(Un)Furnished	Utilities included	Bus line	Pets	References	Credit check	
														Notes	check
A 1 Town Homes and Apartments	357 E Winslow Road	345-5009	1 month	yes	south	66	1, 3	\$475-\$50	unfurnished	varies	yes	yes	yes	yes	
Abodes Management	940 S Clairz Apt 2	331-2809	yes	no	varied	172	1, 2, 3	varied	unfurnished	none	yes	yes	yes	yes	
Acadia Court	3008 Acadia Court	961-5464	\$200-\$300	no	southeast	200	efficiency, 1, 2	\$455-\$685	unfurnished	water, sewer, trash washer/dryer, trash	yes	yes	yes	yes	no Sec 8 - may change
Adams Village	2718 S. Adams Street	332-3267	\$250	no	southeast	184	1, 2	\$753-\$1076	unfurnished	water, sewer, washer/dryer, trash	no	yes	yes	yes	
Allen Court	210 North Washington Street	330-1411	\$300	no	downtown	11	1, 2	\$675-1135	unfurnished	trash, water, sewer	yes	1 cat	yes	yes	
Arbor Glen	3100 South Walnut St. Pike	339-3980	\$200	yes	south	190	1	\$479-\$550	unfurnished	all	yes	1 pet	yes	no	criminal check
Arlington Park Apartments	1320 N Arlington Park Dr	325-2001	\$200 or 1 month	yes	northwest	120	1, 2, 3	\$508-\$780	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Barclay Square	3000 S. Walnut Street Pike	331-2700	\$500 or 1 month	no	south	136	1, 2	\$650-\$735	unfurnished	water, sewer, trash, recycling	yes	yes	yes	yes	
Bart Villa	2301 East 2nd Street	335-9355	1 month	yes	east	79	1, 2, 3	\$625-\$1300	unfurnished	varies	yes	yes	yes	yes	
Basswood Apts	1000 Basswood Circle	333-9123	\$200	no	west	240	1, 2	\$595-\$695	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Madison Downtown	200 S. Madison Ave	339-1584	\$300 or 1 month	no	downtown	77	efficiency, 1	\$465-\$625	unfurnished	water, sewer, trash, recycling	yes	no	yes	yes	No motorized vehicles
Bloom Apartments	1051 S Adams St	558-0800	varies	no	west	420	1, 2	\$509-\$994	both	water, sewer, trash, internet	yes	yes	yes	yes	
Bloomington Housing Authority	1007 N Summit St	339-3491	\$150	yes	west	310	efficiency, 1, 2, 3, 4, 5	sliding scale	unfurnished	water, sewer, trash, cable, electric	yes	no	yes	no	service animals
Boulders at Deer Park	1501 East Hillside Dr.	333-9355	1 month	yes	east	110	1, 2, 3	\$935-\$1500	unfurnished	none	yes	yes	yes	yes	criminal check total electric
Bradford Ridge	2900 Ridge Road	333-2300	varies	no	west	130	1, 2, 3	\$555-\$895	unfurnished	trash	yes	yes	yes	yes	background check
Brandon Court	2381 Brandon Court	961-8807	\$200-\$300	yes	south	78	efficiency, 1, 2	\$465-\$710	unfurnished	none	yes	yes	no	yes	
Brownstone Terrace	301 Brownstone Drive	332-3609	1 month	no	campus	121	1, 2, 3	\$600-\$1650	both	trash	yes	yes	yes	yes	
Burnham Place	444 E Third St.	339-8300	1 month	no	downtown		2, 3	\$1340-\$2100	unfurnished	water, sewer, trash	yes	no	yes	yes	
Campus Apts	5075 S Lincoln	334-5964	1 month	no	south	16	1	\$575-\$675	unfurnished	water, sewer, trash	yes	yes	yes	no	
Campus Edge Apts	2611 N Walnut	334-5964	varies	no	north	14	3	\$795-\$905	unfurnished	none	no	yes	yes	no	eviction, criminal background
Campus Walks	421 East 3rd Street #2	332-1509	1 month	no	varied	329	efficiency 1, 2, 3	\$559-\$1200	unfurnished	everything but electric	yes	no	yes	yes	
Campus Court	2036 North Walnut St.	334-2898	\$100 or 1 month	no	north	160	efficiency, 1, 2	\$525-\$499.50/BR	unfurnished	water, sewer, trash, cable, internet	no	yes	yes	yes	
Canadian Apartments CS Property Mgmt	327/329 West 1st St.	330-1411	\$300	no	west	41	1	\$465	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Canterbury House Apartments	540 South Basswood Drive	316-2061	\$500 or \$87.50	yes - 3 br only	west	208	1, 2, 3	\$588-\$899	unfurnished	none	yes	yes	yes	yes	
Cascade Village	1955 North College Ave.	339-8300	1 month	no	downtown	35	1, 2, 3	\$470-\$900	unfurnished	water, sewer, trash	yes	no	yes	no	
Cedargate Apts	3073 Amy Lane	961-8809	\$150-\$250	no	east	120	efficiency, 1, 2	\$485-\$760	unfurnished	none	yes	yes	yes	yes	additional application fees
Cedarview Apts City Flats at Renwick Apartments	509 E. 10th Street	339-8777	1 month	no	varied	129	studio, 1	\$600-\$1800	unfurnished	varied	yes	no	yes	yes	
College Mall Apartments	2652 East Cathcart St.	334-2270	\$500	no	south east	142	1, 2, 3	\$885-\$1975	unfurnished	none	yes	yes	yes	yes	
College Mall Apartments	2623 E 2nd St	333-9355	1 month	no	east	142	1, 2, 3	\$575-\$975	unfurnished	none	yes	yes	yes	yes	
Colonial Crest	703 W. Gourley Pike	332-6540	\$250/br	no	north	206	efficiency, 1, 2, 3	\$504-\$1005	both	trash, internet, cable	yes	yes	yes	yes	criminal check
Colonial East 3	405 E. Longview Ave	333-5598	1 month	no	east	25	studio, 1, 2, 3	\$410-\$800	unfurnished	water, trash	no	cats	yes	no	
Continental Terrace	3315 Longview	339-0799	\$400	no	east	78	2	\$585	unfurnished	gas, water, sewer, trash	yes	no	yes	yes	

Apartment or Property Manager	Address	Phone	Deposit	Sec 8	Location	# units	# bedrooms	Rent range	(Un)Furnished	Utilities included	Bus line	Pets	References	Credit check	Notes
Copper Beech Townhomes	986 S Copper Beech Way	330-8700	\$300-\$300/bedroom	no	west	107	1, 2, 3, 4	\$681-\$1440	both	internet,cable, trash	yes	yes	no	yes	
Costley and Company	487 S. Clarizz Blvd	336-6246	1 month	no	varied	23	efficiency,1,2,3,4	\$430-\$2500	unfurnished	varied	some	no	yes	yes	
Country View Apts	2500 Rookport Road	336-0377	\$200	yes	south	206	1, 2, 3, 4	\$441-\$666	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Coventer Hill	3101 Coventer Drive	330-1123	\$650-\$800	1 br only	east	183	1, 2, 4	\$760-\$1730	unfurnished	varies	yes	yes	yes	yes	
The Crossing at Pete Ellis Dr	3112 E Braciside Dr	339-1400	\$400	no	east	140	1, 2, 3	\$675-\$925	unfurnished	water, sewer, trash	yes	yes	no	yes	
Dunhill Apts	405 East 17th Street	332-3800	\$250 or \$500	no	north	186	1, 2, 3, 4	\$655-\$1575	unfurnished	water, sewer, trash	yes	yes	yes	yes	
East Side Apartments - CS Property Mgmt	416 East 17th Street	330-1411	\$300	no	east	20	1	\$430	unfurnished	water,sewer, trash	yes	1 cat	yes	yes	
Eastwood Apartments	305 East 17th Street	333-9201	\$300-\$600	no	north	6	studio	\$435	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Economy Inn	4805 South Old Hwy 37	824-8311	\$50	no	south	15	1	\$240 weekly	furnished	all	no	no	no	no	
Elkins Apartments	940 North Walnut Street	339-2859	1 month	yes	varied	150	1,2,3,4,5	\$499-\$3600	unfurnished	varied	yes	yes	yes	no	
Ellisville Apartments	411 South Sale Street	876-2563	1 month	yes	west	28	1,2	\$357-\$575	unfurnished	water, trash	Rural Transit	no	yes	yes	
Empire I	205 East 17th St.	333-9201	\$300-\$600	no	north	24	1,2	\$495-\$685	unfurnished	trash,water, sewer, (heat in some apts)	yes	yes	yes	yes	
Empire II	225 East 20th St.	333-9201	\$300-\$600	no	north	29	efficiency, 1	\$485-\$555	unfurnished	gas, water, trash, sewer	yes	yes	yes	yes	
Fountain Park	3209 East 10th Street	339-5553	\$250	no	east	480	efficiency,1,2	\$622-\$950	unfurnished	none	yes	yes	yes	yes	
Franklin Apts	College & 6th St	333-3333	1 month	no	downtown	6	2, 4	\$1370-\$2500	unfurnished	none	yes	cats	yes	yes	
Garden Hill Mobile Park	4111 West Vernal Pike	336-8004	no	no	west	201	lots only	\$265	N/A	trash	no	yes	no	yes	criminal background
Grant Street Apts	800 N. Grant St.	330-1411	\$300	no	north	20	1	\$495	unfurnished	water,sewer, trash	yes	1 cat	yes	yes	
Grant Street Apts	516 N Grant St	339-0951	1 month	no	downtown	8	2	\$800-\$880	unfurnished	water, sewer, trash	yes	yes	yes	no	additional application
Greentree Apts.	729 and 727 West Dixie St.	340-2199	1 month	no	so west	40	1	\$445	unfurnished	water, sewer, trash	no	yes	yes	yes	
Grove at Lattimer	936 Clarizz Blvd	333-3333	1 month	no	east	40	2, 3	\$1060-\$1500	unfurnished	none	yes	yes	yes	yes	
Hallmark Management	1205 North Walnut St.	334-8819	1 month	no	varied	200	efficiency, 1, 2, 3, 4	\$445-\$2200	unfurnished	varied	yes	varies	yes	yes	
Henderson Court	2475 Winslow Court	339-3088	1 month	no	south	150	1, 2, 3	\$25-\$1000	unfurnished	water, sewer, trash	yes	no	yes	yes	
Heritage Apartments	1600 South Hillside Drive	336-5209	\$250	no	south	153	efficiency,1,2,3	\$510-\$999	unfurnished	trash	yes	yes	no	yes	
Hickory Grove	Gifford Road	339-0799	varies	no	west	42	1, 2, 3	\$530-\$750	unfurnished	trash	yes	yes	yes	yes	
Hidden Hills	2201 S Oakdale West Drive	333-4280	1/2 month	no	west	161	2,3,4	\$799-\$1029	unfurnished	none	yes	2 pets	yes	yes	
Hilltop Court Apartments	1301 W. Allen Street	336-5866	1 month	no	west	20	1	\$660-\$680	unfurnished	water, sewer, trash	yes	yes	yes	no	
Hoosier Courts	455 Hoosier Courts Avenue	330-0528	\$250-\$500	no	north	139	1, 2, 3	\$711-\$1375	unfurnished	trash	yes	yes	yes	yes	
Hoosier Station Apts	307 E 19th St	339 0951	1 month	no	north	9	1,3	\$550-\$1200	unfurnished	water, sewer, trash	no	yes	yes	no	
Horn Properties (HPPLU)	PO Box 183	333-4748	yes	no	downtown	56	efficiency,1,2,3,4,5	\$400-\$1400	unfurnished	varies depending on building	yes	no	no	no	student housing
Hunter Apts	801/809 E Hunter	330-1411	\$300	no	east	120	1	\$495	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Hunter Ridge Apts	720 College Mall Road	334-2880	1 month	no	east	120	1, 2, 3	\$659-\$899	both	water, trash, sewer	yes	1 cat	yes	yes	
Jackson Heights	1424 North Jackson	333-9201	varies	no	north	140	1, 2, 3	\$595-\$725	unfurnished	trash,water, sewer	yes	yes	yes	yes	
Killion Apts	300-308 West 2nd St.	333-9201	\$300	no	downtown	3	3	\$725	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Kingston Manor Apts	3200 E Loneyview	339-1400	\$400	no	east	66	efficiency, 2, 3	\$450-\$625	unfurnished	water, sewer, trash	yes	yes	no	yes	

Apartment or Property Manager	Address	Phone	Deposit	Sec 8	Location	# units	# bedrooms	Rent range	(Un)Furnished	Utilities included	Bus line	Pets	References	Credit check	Notes
Kirkwood on the Trail	224 W Kirkwood	333-3333	1 month	no	downtown	4	2, 4	\$1650-\$2445	unfurnished	none	yes	yes	yes	yes	
Knightridge Manor Apts.	612 S Hwy 446	339-1400	\$400	no	east	104	1,2,3	\$565-\$1410	unfurnished	water, sewer, trash	yes	yes	no	yes	
Landlady Apts	421 East 19th Street #3	339-9562	yes	no	varied	250	1,2,3	\$450-\$915	unfurnished	varied	no	no	yes	no	
Lenzy Hayes	5665 West SR 46	876-4461	1 month	yes	west	72	1,2	\$425-\$475	unfurnished	trash	no	yes	yes	yes	
Lincoln Park Station	503 N Lincoln	339-0951	1 month	no	downtown	20	1,2 mobile home lots	\$575-\$675	unfurnished	water, sewer, trash	yes	yes	yes	no	
Longview Trailer Court	2215 West 3rd Street	332-8221	\$100	no	west	85	2,45	\$245	N/A	none	yes	no	yes	yes	55+ older community
Maple Grove	408 South Dunn Street	330-1411	\$300	no	south	10	1	\$550-\$570	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Maple Leaf	407 South Grant Street	330-1411	\$300	no	south	15	1	\$560-\$580	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Maxwell Terrace	930C Maxwell Terrace	339-1584	\$500	no	southeast	108	1,2,3	\$595-\$665	unfurnished	sewer, trash, recycling	yes	no	yes	yes	
Meadow Creek Apts	3321 S Cheekwood Ln	330-1123	\$600	no	south	228	2, 3	\$890-\$1875	unfurnished	none	yes	yes	yes	yes	
Meadow Park Apts.	800 North Smith Road	339-5544	\$250	no	east	306	1,2	\$636-\$682	unfurnished	trash, recycling	yes	cats	no	yes	background check
Mercury on Morton	4th at Morton	334-8200	1 month	no	downtown		studio, 1,2,3	\$1100-\$2700	unfurnished	water, sewer, trash, basic cable	yes	cats	yes	yes	
Monroe Square	599 East Temperance	345-4101	\$350	yes	west	32	1	\$450	unfurnished	water, sewer, trash	no	cats	yes	yes	
Nightridge Apts	612 S State Rd 446	339-1584	\$500 or 1 month	no	southwest		1, 2, 3	\$565-\$908	unfurnished	water, sewer trash	yes	yes	yes	yes	
Northerst	1440 North Woodburn	333-9201	\$300-\$600	no	north	44	1, 2	\$475-\$540	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Oakdale Square	1655 Oakdale West Drive	332-7289	\$99-1 month	no	west	200	1,2,3,4	\$530-\$800	unfurnished	water, trash, sewer	yes	yes	yes	yes	
Orchard Glen Co-op	1001 Sugar Maple Circle	332-9177	\$400	no	west	350	1,2,3,4	\$382-\$623	unfurnished	heat, water, trash	yes	no	yes	yes	Income based rent
Park Doral	2604 Eastgate Lane	336-8208	1 month	no	east	104	efficiency, 1,2,3	\$500-\$900	unfurnished	cable, water, trash, sewer	yes	yes	yes	yes	
Park North	2622 North Walnut	334-8200	1 month	yes	north	45	studio, 1	\$485???	unfurnished	varied	yes	cats	yes	yes	0
Parker Management	2490 Barberrry Lane	339-2115	1 month	no	varied	450	studio - 9	\$395-\$6255	unfurnished	varied	varies	varies	yes	yes	
Parkview Apartments	1700 North Walnut St	330-1411	\$300	no	north	56	studio, 1, 2,	\$505-\$730	unfurnished	heat, water, sewer, trash	yes	1 cat	yes	yes	
Pavilion Properties	323 South Grant St	333-2332	1 month	no	varied				unfurnished	varies depending on building	yes	no	no	no	requires co-signer
Pegasus Properties	3101 East Covenant Dr	824-3230	1 month	yes	varied		1, 2, 3, 4, 5	\$295-\$2500	unfurnished	varies depending on building	yes	some	yes	yes	
Pine Bluff	821-837 W 17th St	333-9201	\$300-\$600	no	north	8	2	\$645	unfurnished	trash	yes	yes	yes	yes	
Pine Grove	1136 W. 17th St.	333-9201	\$300-\$600	no	west	20	3,4	\$925	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Poolside Apartments	430 South Dunn Street	330-1411	\$300	no	south	50	studio, 1	\$540-\$640	unfurnished	sewer, gas, water, trash	yes	1 cat	yes	yes	
Richland Apartments	701 N Allen Street Elllettsville, IN	876-8563	1 month	yes	Elllettsville	109	1, 2	income-based	unfurnished	all but phone and cable	yes	Rural Transit	yes	no	
Rosetta Meckee (owner)		333-8411	\$400	yes	west	200	1,2,3	\$500-\$800	unfurnished	water, sewer, trash	yes	no	yes	yes	
Sassafras Hill Apts.	200 East Miller Drive	339-1371	\$250	no	south	92	2	\$719-\$745	unfurnished	trash	yes	yes	yes	yes	
Scholar's Rock	1300 North Walnut #8	330-1123	\$400	no	north	94	efficiency	\$455-\$685	unfurnished	varies	yes	no	yes	yes	
Scholar's Quad	10th & Bypass	330-1123	\$650-\$800	no	east	72	1, 2	\$775-\$1475	unfurnished	water, sewer, internet	yes	cats	yes	yes	
Schoolview Apartments	7201-7281 Susan Street Elllettsville	876-7311	\$375-\$435	no	Elllettsville	80	1,2	income based	unfurnished	water	no	no	yes	yes	
South Crest Mobile Manor	315 West Gordon Pike	824-9330	1 month	yes	south	203	lots only studio, efficiency	\$285 \$150 wk or \$560 mo	N/A	water, trash	no	yes	yes	yes	
Southern Winds	3000 South Old Hwy 37	331-2000	\$0	no	south	52	studio, efficiency		furnished	electric, gas, water, sewer, trash, cable	yes	cats	no	no	Pay in advance

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Springhill Apts	238 North Smith Road	330-1411	\$300	no	north	49	1	\$450	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Stadium Crossing	Varsity Lane	334-8200	\$300 per person	no	north	2	2, 3, 4	\$900-\$1200	unfurnished	trash	yes	no	yes	yes	
Stadium View Apts	418 E 17th St	330-1411	\$300	no	north	7	1	\$600	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Stadium View I	1300-1302 North Dunn Street	333-9201	\$300-\$600	no	north	38	1, 3	\$475-\$715	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Stadium View II	310-330 East 20th Street	333-9201	\$300-\$600	no	north	38	1	\$475	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Stadium View III	319 East 20th Street	333-9201	\$300-\$600	no	north	38	1, 2	\$485-\$650	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Stadium View V	409-415 East 19th Street	333-9201	\$300-\$600	no	north	38	1, 2		unfurnished	water, sewer, trash	yes	yes	yes	yes	
Sleeper Chase Apartments	3400 South Sare Rd.	330-9070	\$200	no	south	238	1, 2	\$765-\$1175	unfurnished	trash	yes	yes	no	yes	criminal background
Stratum 3131	East Goodnight Way	333-9868	varies	no	east	181	1, 2	\$699-\$1019	furnished	everything but electric, water	yes	yes	no	yes	student housing
Summit Pointe Apts	710 Summit Pointe Drive	331-2666	\$300	no	south	288	1, 2	\$290-\$740	unfurnished	water, sewer, trash	yes	yes	no	yes	criminal background
Sun Terrace Apts	1211 W 2nd St	330-1411	\$300	no	west		1	\$450	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Sunflower Apartments	1015 North College Avenue	331-2425	1 month rent + \$5	no	north	43	1, 2	\$535-\$555	unfurnished	water, sewer	yes	cats	yes	no	
Terra Trace Apts	321 East 14th Street	334-2646	1 month	no	north	121	1, 2, 4	\$695-\$1725	both	water, sewer, trash, internet, cable	yes	1 cat	yes	yes	
The Crest on East 10th	3821 Barrington Drive	334-2270	\$500	no	east	88	1, 2, 3	\$860-\$1650	unfurnished	washer and dryer, trash	yes	yes	yes	yes	
The Fields	1333 Fenbrook Lane	337-9000	\$345 to apply	no	east	537	1, 2, 3	\$880-\$1430	unfurnished	none	yes	yes	no	yes	
The Kirkwood Apartments	315 W Kirkwood Ave	330-1584	1 month	no	city	59	1, 2, 3	\$1195-\$2700	unfurnished	water, sewer, trash, recycling, internet	yes	cats	yes	yes	
The Mercury	212 N. Morton St.	334-8200	1 mo. \$200 per bed/m	no	north	76	studio, 1, 2, 3	\$1035-\$2700	unfurnished	water, trash, sewer, internet, cable	yes	cats	yes	yes	
The Willows	2900 Ridge Road	339-0799		no	west	42	3	\$790	unfurnished	trash	yes	yes	yes	yes	
Touchdown Terrace	421-420/412 E 19th St 408 E 17th St	330-1411	\$300	no	north		1	\$465	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Town and Country Apts	120 S. Kingston Drive	339-0951	1 month	no	east	74	studio, 1, 2, 3	\$525-\$975	unfurnished	water, sewer, trash	yes	yes	yes	no	
Ulysses Apts	526 N Grant	333-3333	1 month	n	downtown	11	1	\$620	unfurnished	water	yes	yes	yes	yes	
Uptown Apartments	104 East Kirkwood	333-9355	1 month	yes	downtown	30	1, 2	\$795-\$1395	both	none	yes	yes	yes	yes	
Village at Curry	1242 S. Curry Pike	334-5964	\$500	no	west	38	2, 3	\$650-\$750	unfurnished	water, trash	no	yes	yes	no	eviction, criminal background.
Walnut Springs Condominiums	3296 Walnut Springs Drive	822-1231	1 month	no	south	62	2, 3	\$695-\$715	unfurnished	trash	yes	yes	yes	yes	
Washington Crossing	217 N Washington	330-1411	\$300	no	downtown		1, 2, 3	\$550-\$990	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Washington Terrace	316 North Washington Street	330-1411	\$300	no	downtown		1, 2	\$510-\$1140	unfurnished	water, sewer, trash	yes	1 cat	yes	yes	
Western Estates	4101 Sierra Dr.	812-618-9741	1 month	no	west	24	1, 2	\$440-\$520	unfurnished	none	yes	no	yes	yes	background check
Willow Condos	1375-1385 W. Allen	339-0799	\$600	no	west		3	\$790	unfurnished	trash	yes	yes	yes	yes	
Willowbrook Apts	1201-1311 N Maple St	333-9201	\$300-\$600	n	north	100	2, 3, 4	\$550-\$1000	unfurnished	trash	no	no	yes	yes	
Woodbridge Apts	3401 John Finkle Place	337-3501	\$350	no	east	430	1, 2, 3	\$675-\$1077	unfurnished	none	yes	yes	no	yes	
Woodland Springs	3111 Leonard Springs road	336-5603	\$300	no	west	281	1, 2, 3	\$475-\$645	unfurnished	water, trash, cable, gas	yes	yes	yes	yes	
Woodlawn Crossing	East Hillside & Woodlawn	333-3333	1 month	no	east	28	1, 2	\$730-\$975	unfurnished	none	yes	yes	yes	yes	
Woods at Lattimer	700 Clarizz Blvd	333-3333	1 month	no	east	72	1	\$845-\$1125	unfurnished	none	yes	yes	yes	yes	
Woodwind Terrace	100 S. Pete Ellis Drive	339-1400	\$400	no	east	40	1, 2	\$450-\$550	unfurnished	water, sewer, trash	yes	yes	no	yes	

Apartment or Property Manager	Address	Phone	Deposit	Sec 8	Location	# units	# bedrooms	Rent range	(Um)Furnished	Utilities included	Bus line	Pets	References	Credit check	Notes
Yorktown Apts	3801 E Morningside Dr	339-1400	\$400	no	east	64	1, 2, 3	\$570-\$900	unfurnished	water, sewer, trash,	yes	yes	no	yes	
Income-based Below-Market															
Walnut Grove Apartments Bloomington Housing Authority	3100 South Walnut St. Pike 1007 North Summit St.	339-3980 339-3491	\$99 varied	yes yes	south west & south	190 310	1 1, 2, 3, 4, 5	\$479-\$550 varied	unfurnished unfurnished	all but phone and cable water, sewer, trash, electric	yes yes	yes yes	yes yes	yes no	yes criminal background
Cambridge Square & Woodbridge Apts	307 Pete Ellis	294-8231	income- based	yes	east	153	1	income-based	unfurnished	water, trash	yes	yes	yes	yes	
Country View Apartments	2500 South Rockport Road	336-0377	1 month income- based	yes	south	205	1, 2, 3	\$441-\$625	unfurnished	water, sewer, trash	yes	yes	yes	yes	Sec. 42 tax credit
Henderson Court	2475 South Winslow Court	339-3088		yes	south	150	1, 2, 3	income-based	unfurnished	water, sewer, trash	yes	no	yes	yes	
Orchard Glenn Cooperative	1001 S. Sugar Maple Circ.	332-9177	\$400	no	west	350	1, 2, 3, 4	\$382-\$623	unfurnished	water, sewer, trash, gas	yes	no	yes	yes	
Reserve at Chandler's Glen	1320 N Arlington Park Dr.	323-2001	varies	yes	north	120	1, 2, 3	\$506-\$780	unfurnished	water, sewer, trash	yes	yes	yes	yes	
Woodland Springs Apts	3111 S Leonard Springs Rd.	336-5603	\$300	yes	west	281	1, 2, 3	\$475-\$645	unfurnished	water, sewer, trash, gas	yes	yes	yes	yes	
Westplex Woods	100 Westplex Dr	337-2434	1 month	HUD	west	19	1	income-based	unfurnished	everything but electric	yes	yes	yes	no	
Income-based For Seniors															
Providence Place Cambridge Square Apartments	2520 Rockport Road 307 Pete Ellis	334-7836 337-3507	1 month 1 month + \$71	no but HUD yes	south east	57 153	1 1	income & medical-based income-based	unfurnished unfurnished	water, trash, internet access at computer center water, trash	yes yes	yes yes	yes yes	yes yes	must be over 62 disabled 55 or older criminal bckgrnd
Edgewood Village Apartments	7400-7496 Mustang Drive, Ellettsville, IN	876-3383	1 month	yes	Ellettsville	48	1, 2	income-based	unfurnished	trash	Rural Transit	yes	yes	yes	
Richland Apartments	801 West Allen Street Ellettsville, IN	876-6111	1 month	yes	Ellettsville	109	1, 2	income-based	unfurnished	all but phone and cable	Rural Transit	yes	yes	yes	
Maple Shades	1101 W. Main St.	876-6111	1 month	yes	Ellettsville	22	1	income-based	unfurnished	all but phone and cable	Rural Transit	yes	yes	yes	55 or older criminal history
Dodds Wiley Court	720 W. Dodds, 739 W. Wiley	876-3383	1 month	yes	west	11	2	income-based	unfurnished	trash	yes	yes	yes	yes	
Note: Most locations that allow pets require a pet deposit and additional monthly fees															

HCVP Payment Standards 2023

Efficiency	\$898 ⁰⁰
One Bedroom	\$1,052 ⁰⁰
Two Bedroom	\$1,236 ⁰⁰
Three Bedroom	\$1,730 ⁰⁰
Four Bedroom	\$2,050 ⁰⁰
Five Bedroom	\$2,144 ⁰⁰

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 October 1, 2022

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

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

Locality: Bloomington, Indiana		Single Family Detached					Date: 1/1/2022	
Utility or Service		Monthly Dollar Allowances						
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas	\$31	\$36	\$40	\$46	\$51	\$55	
	b1. Electric Resistance	\$40	\$47	\$53	\$59	\$66	\$73	
	b2. Electric Heat Pump	\$20	\$20	\$20	\$20	\$20	\$20	
	c. Propane/LPG	\$89	\$104	\$120	\$135	\$151	\$166	
Cooking	a. Natural Gas	\$3	\$4	\$4	\$5	\$6	\$7	
	b. Electric	\$6	\$7	\$9	\$11	\$13	\$15	
	c. Propane/LPG	\$7	\$10	\$12	\$15	\$17	\$19	
Other Electric/Lighting		\$45	\$60	\$71	\$82	\$93	\$104	
Air Conditioning		\$3	\$7	\$10	\$13	\$16	\$20	
Water Heating	a. Natural Gas	\$5	\$10	\$15	\$20	\$25	\$30	
	b. Electric	\$8	\$17	\$27	\$36	\$46	\$55	
	c. Propane/LPG	\$14	\$27	\$41	\$55	\$68	\$82	
Water	a. Bloomington	\$18	\$23	\$32	\$47	\$61	\$75	
	b. Ellettsville	\$33	\$43	\$62	\$91	\$120	\$148	
Sewer	a. Bloomington	\$40	\$44	\$58	\$78	\$96	\$114	
	b. Ellettsville	\$36	\$41	\$52	\$69	\$85	\$101	
Trash Collection		\$7	\$7	\$12	\$12	\$19	\$19	
Range/Microwave		\$7	\$7	\$7	\$7	\$7	\$7	
Refrigerator		\$7	\$7	\$7	\$7	\$7	\$7	

Locality: Bloomington, Indiana		Duplex, Attached, Garden, Apartment With 2-4 Units				Date: 1/1/2022	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	\$28	\$32	\$36	\$41	\$45	\$49
	b1. Electric Resistance	\$37	\$42	\$48	\$54	\$59	\$65
	b2. Electric Heat Pump	\$19	\$19	\$19	\$19	\$19	\$19
	c. Propane/LPG	\$79	\$93	\$107	\$121	\$135	\$149
Cooking	a. Natural Gas	\$3	\$4	\$4	\$5	\$6	\$7
	b. Electric	\$6	\$7	\$9	\$11	\$13	\$15
	c. Propane/LPG	\$7	\$10	\$12	\$15	\$17	\$19
Other Electric/Lighting		\$34	\$48	\$62	\$72	\$83	\$94
Air Conditioning		\$3	\$6	\$9	\$12	\$14	\$18
Water Heating	a. Natural Gas	\$5	\$10	\$15	\$20	\$25	\$30
	b. Electric	\$8	\$17	\$27	\$36	\$46	\$55
	c. Propane/LPG	\$14	\$27	\$41	\$55	\$68	\$82
Water	a. Bloomington	\$16	\$19	\$26	\$37	\$48	\$59
	b. Ellettsville	\$29	\$36	\$50	\$72	\$93	\$115
Sewer	a. Bloomington	\$40	\$40	\$49	\$65	\$79	\$93
	b. Ellettsville	\$33	\$37	\$46	\$58	\$70	\$82
Trash Collection		\$7	\$7	\$12	\$12	\$19	\$19
Range/Microwave		\$7	\$7	\$7	\$7	\$7	\$7
Refrigerator		\$7	\$7	\$7	\$7	\$7	\$7

Locality: Bloomington, Indiana		Apartment With 5 or More Units; High Rise				Date: 1/1/2022	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	\$16	\$19	\$21	\$24	\$26	\$28
	b1. Electric Resistance	\$22	\$25	\$28	\$31	\$34	\$37
	b2. Electric Heat Pump	\$11	\$11	\$11	\$11	\$11	\$11
	c. Propane/LPG	\$45	\$53	\$61	\$69	\$77	\$85
Cooking	a. Natural Gas	\$3	\$4	\$4	\$5	\$6	\$7
	b. Electric	\$6	\$7	\$9	\$11	\$13	\$15
	c. Propane/LPG	\$7	\$10	\$12	\$15	\$17	\$19
Other Electric/Lighting		\$35	\$46	\$56	\$65	\$73	\$80
Air Conditioning		\$2	\$4	\$7	\$10	\$11	\$14
Water Heating	a. Natural Gas	\$5	\$10	\$15	\$20	\$25	\$30
	b. Electric	\$8	\$17	\$27	\$36	\$46	\$55
	c. Propane/LPG	\$14	\$27	\$41	\$55	\$68	\$82
Water	a. Bloomington	\$16	\$19	\$26	\$37	\$48	\$59
	b. Ellettsville	\$29	\$36	\$50	\$72	\$93	\$115
Sewer	a. Bloomington	\$40	\$40	\$49	\$65	\$79	\$93
	b. Ellettsville	\$33	\$37	\$46	\$58	\$70	\$82
Trash Collection		\$7	\$7	\$12	\$12	\$19	\$19
Range/Microwave		\$7	\$7	\$7	\$7	\$7	\$7
Refrigerator		\$7	\$7	\$7	\$7	\$7	\$7

Locality: Bloomington, Indiana		Mobile Home				Date: 1/1/2022	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	\$27	\$31	\$35	\$39	\$44	\$48
	b1. Electric Resistance	\$35	\$41	\$46	\$51	\$57	\$63
	b2. Electric Heat Pump	\$18	\$18	\$18	\$18	\$18	\$18
	c. Propane/LPG	\$76	\$90	\$103	\$116	\$130	\$143
Cooking	a. Natural Gas	\$3	\$4	\$4	\$5	\$6	\$7
	b. Electric	\$6	\$7	\$9	\$11	\$13	\$15
	c. Propane/LPG	\$7	\$10	\$12	\$15	\$17	\$19
Other Electric/Lighting		\$36	\$55	\$69	\$83	\$97	\$110
Air Conditioning		\$3	\$6	\$9	\$11	\$14	\$17
Water Heating	a. Natural Gas	\$5	\$10	\$15	\$20	\$25	\$30
	b. Electric	\$8	\$17	\$27	\$36	\$46	\$55
	c. Propane/LPG	\$14	\$27	\$41	\$55	\$68	\$82
Water	a. Bloomington	\$16	\$19	\$26	\$37	\$48	\$59
	b. Ellettsville	\$29	\$36	\$50	\$72	\$93	\$115
Sewer	a. Bloomington	\$40	\$40	\$49	\$65	\$79	\$93
	b. Ellettsville	\$33	\$37	\$46	\$58	\$70	\$82
Trash Collection		\$7	\$7	\$12	\$12	\$19	\$19
Range/Microwave		\$7	\$7	\$7	\$7	\$7	\$7
Refrigerator		\$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