
U.S. Department of Housing and Urban Development (HUD)

Survivors can contact HUD if they feel they have been discriminated against in public or private housing (by a shelter, landlord or housing provider) or by a bank, real estate agent, broker, company or organization while trying to rent or buy a home or apartment.

How to File a Complaint:

Use a computer: Complete the online complaint form at
http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/online-complaint

Call toll-free: (800) 669-9777 (If you have a Housing Choice Voucher complaint, please contact the PIH Customer Service Center through our toll-free number at (800) 955-2232)

Mail a complaint form: Fill out the attached complaint form (link to online form above) and mail it to:

Office of Fair Housing and Equal Opportunity
Department of Housing and Urban Development
Room 5204
451 Seventh St. SW
Washington, DC 20410-2000

Mail a letter: Draft a letter including (your name/address, name/address of the shelter, landlord or housing provider, date when incident occurred and short description of what happened) and mail it to:

U.S. Department of Housing and Urban Development
The Wanamaker Building
100 Penn Square East, 12th Floor
Philadelphia, PA 19107-3380

For more information contact:

U.S. Department of Housing and Urban Development
451 7th Street SW
Washington, DC 20410
Phone: (800) 669-9777
TTY: (800) 927-9275
Web: www.hud.gov

District of Columbia Housing Authority (DCHA)

Survivors of domestic violence can contact the District of Columbia Housing Authority's Office of Fair Hearings if they are residents of or applicants for DCHA public housing, Section 8 housing, or subsidized housing, and they feel DCHA has done something (or refused to do something) that adversely affects their rights, or welfare.

First, survivors should try to resolve the issue directly with the housing manager or office involved. If that is unsuccessful, they can file a grievance with the DCHA Office of Fair Hearings.

How to File a Grievance:

Mail a letter explaining what happened to:

DCHA Office of Fair Hearings
1133 N. Capitol Street NE
Washington, DC 20002

Visit the office: Explain in person how they were victims of discrimination:

DCHA Office of Fair Hearings
1133 N. Capitol Street NE
Washington, DC 20002

Fill out a grievance form available at every DCHA property management office and give it to the property management office (if they are already a tenant there) or to the Client Placement Division Office of DCHA at the address above (if they are an applicant).

❶ Do your clients in public housing have a disability?

If so, they can request an exception to a rule or policy, called a **"request for reasonable accommodation,"** that gives them an equal opportunity to use and enjoy the housing. Your client can apply for a reasonable accommodation by:

Filling out the DCHA Reasonable Request for Accommodation form, available from the manager of all public housing residences in the District.

Calling the Office of the ADA/504 Program at (800) 514-0301 or TTY (800) 514-0383



Sample 1

Survivors of domestic violence should use this sample letter, if they need to end their leases and they have a protection order. Remind them to include a copy of the protection order when they mail this letter.

Tenant Name:
Address:

Date:

Housing Provider:
Address:

Re: Notice of Lease Termination pursuant to D.C. Code § 42-3505.07

Dear housing provider:

I, _____, am writing to provide you with formal notice of my intent to end the lease agreement on my rental unit (write address here)_____

According to DC law, you must end my lease agreement within 14 days of notification without penalty because:

1. I am a victim of an intrafamily offense as defined by *D.C. Code § 16-1001(8)*, and
2. I have a protection order issued pursuant to *D.C. Code § 16-1005* (copy enclosed)

Under DC law, you may charge me rent prorated to the earlier of leasing the unit to someone else or 14 days from today. You cannot keep my security deposit as a penalty for ending the lease early. I will notify you of the forwarding address so you can return the security deposit to me as soon as possible.

If you have any questions, please contact me at _____. Thank you.

Sincerely,
Signature

Enclosure: Copy of Protection Order

Sample 2

Survivors of domestic violence should use this sample letter if they need to end their lease, but do not have a protection order, they will need documentation (could be a letter) signed by a qualified third party. Remind them to include a copy of this signed document when they mail this letter.

Tenant Name:
Address:

Date:

Housing Provider:
Address:

Re: Notice of Lease Termination pursuant to D.C. Code § 42-3505.07

Dear Housing Provider:

I, _____, am writing to provide you with notice of my intent to end the lease agreement on my rental unit at _____. According to DC law, you must end my lease agreement within 14 days of notification without penalty because:

1. I am a victim of an intrafamily offense as defined by *D.C. Code § 16-1001(8)*, and
2. I have a document signed by a qualified third party as defined by *D.C. Code § 42-3505.07(a)* (domestic violence counselor, health professional, sworn officer DC Housing Authority Office of Public Safety, or law enforcement officer).

Under DC law, you may charge me rent prorated to the earlier of leasing the unit to someone else or 14 days from today. You cannot keep my security deposit as a penalty for ending the lease early. I will notify you of the forwarding address so you can return the security deposit to me as soon as possible.

If you have any questions, please contact me at _____. Thank you.

Sincerely,
Signature

Enclosure: Copy of document signed by qualified third party

Sample 3

Survivors of domestic violence can use this sample letter if they need to get the abuser off their lease. It is called a "Request to Bifurcate Lease Agreement." Bifurcate means to take a person off a lease without their permission.

Tenant Name:

Address:

Date:

Housing Provider:

Address:

Re: Request to Bifurcate Lease Agreement pursuant to the *Violence Against Women Act of 2013*

Dear Housing Provider:

I, _____, am writing to formally request a bifurcation of the lease agreement on my rental unit at _____, which will remove _____ from the lease and end _____ tenancy.

As stated in the *Violence Against Women Act of 2013*, housing providers (including but not limited to public housing, Section 8 vouchers, HOME, HOPWA and Continuum of Care (CoC) Program [homeless/housing programs]) are permitted to change the lease of any tenant who is a victim of domestic violence to end the abuser's tenancy and allow the victim to remain in the home with the rest of her/his family.

If you wish, you may request certification (in writing) of my status as a victim of domestic violence, as stated in the *Violence Against Women Act* (such as a HUD self-certification form; a written, signed statement from a victims services provider, medical personnel, mental health professional, attorney, or police; or court records), but any information provided to you **must** be kept confidential.

If you have any questions, please contact me at _____. Thank you.

Sincerely,

Signature

Sample 4

Survivors of domestic violence can use this sample letter if they need to request an Emergency Transfer from their public housing unit.

Tenant Name:

Address:

Date:

Housing Provider:

Address:

Re: Request for an Emergency Transfer pursuant to the *Violence Against Women Act of 2013*

Dear Housing Provider:

I, _____, am writing to formally request an emergency transfer from _____. I am requesting this transfer because _____.

As stated in the *Violence Against Women Act of 2013*, I can be transferred because I am making the request and I feel I am threatened with imminent harm from further violence if I stay. If you wish, you may request certification (in writing) of my status as a victim of domestic violence, as stated in the *Violence Against Women Act* (such as a HUD self-certification form; a written, signed statement from a victims services provider, medical personnel, mental health professional, attorney, or police; or court records), but any information provided to you **must** be kept confidential.

If you have any questions, please contact me at _____. Thank you.

Sincerely,

Signature

Sample 5

Survivors of domestic violence can use this sample letter if they need to have their locks changed, and they have a protection order. Remind them to include a copy of the protection order when they mail this letter.

Tenant Name:
Address:

Date:

Housing Provider:
Address:

Re: Request for Lock Changes pursuant to D.C. Code §42-3505.08

Dear Housing Provider:

I, _____, am writing to formally request a change of locks on the entrance doors to my rental unit, _____ . According to DC law, you are required to change the entrance door locks within five business days of receiving this request because:

1. I am a victim of an intrafamily offense as defined in *D.C. Code § 16-1001(8)*, and
2. I have a protection order issued pursuant to *D.C. Code § 16-1005*.

You are required to pay the costs for the lock change. If you wish, you may provide me with written documentation of the costs, and I will reimburse them within 45 days, if they do not exceed the fees charged to other tenants for changing locks in other circumstances.

You must **not** provide _____ with the new keys nor allow _____ access to my rental unit or any property therein, even if _____ name is on the lease.

Thank you for your prompt attention to this matter. If you have any questions, please contact me at _____.

Sincerely,

Signature

Enclosure: Copy of Protection Order

Sample 6

Survivors of domestic violence can use this sample letter if they need to have their locks changed and the abuser is not on the lease.

Tenant Name:

Address:

Date:

Housing Provider:

Address:

Re: Request for Lock Changes pursuant to D.C. Code §42-3505.08

Dear Housing Provider:

I, _____, am writing to formally request a change of locks on the entrance doors to my rental unit located at

_____. Under DC law, you are required to change the entrance door locks within five business days of receiving this request because I am a victim of an intrafamily offense as defined in *D.C. Code § 16-1001(8)*.

Since the perpetrator is not a tenant in the rental unit, I am only required to provide you with this written request for the lock change. You are required to pay the costs for the lock change. If you wish, you may provide me with written documentation of the costs, and I will reimburse them within 45 days, if they do not exceed the fees charged to other tenants for changing locks in other circumstances.

Thank you for your prompt attention to this matter. If you have any questions, please contact me at _____.

Sincerely,

Signature

Sample 7

Survivors of domestic violence can use this sample letter if it's been five business days since they asked to have their locks changed, and they haven't been changed yet. Remind them to enclose a copy of the original letter that asked for the change of locks and make a copy of this letter.

Tenant Name:

Address:

Date:

Housing Provider Name:

Address:

Re: Request for Lock Changes pursuant to D.C. Code §42-3505.08

Dear Housing Provider:

I, _____, am writing to follow up on my letter dated _____ requesting a change of locks on the entrance doors to my rental unit, _____ (see enclosed letter).

According to DC law, you were required to change the entrance door locks within five business days of receiving my formal request. As of today, you are in violation of the law, because the locks have not been changed.

If the locks are not changed by the close of business tomorrow, I will pursue my legal options, including filing a complaint with the District of Columbia Office of Human Rights to fix this problem.

If you have any questions, please contact me at _____.

Sincerely,

Signature

Enclosure: Copy of original letter



Glossary

Bifurcate: To separate or a cut person out of a lease without their permission.

Business Day: Most commonly Monday through Friday, between 9 am and 5 pm.

CPO/TPO: These acronyms stand for Civil Protection Order and Temporary Protection Order. A Civil Protection Order is a final order from a judge telling an abuser to stay away from the victim that lasts up to one year. They can only get a CPO by going to a court hearing and notifying the abuser. A Temporary Protection Order can be given the day they file for protection in the court, even if the abuser is not present, and lasts for 14 days. A judge can order a TPO if he/she believes the victim or a member of his/her household is in immediate danger from the abuser and the victim cannot wait for a CPO hearing.

Give Notice: To tell the landlord or housing provider of anything — from a demand to change locks to the victim’s intent to leave. It usually must be done in writing.

HUD: The acronym for the U.S. Department of Housing and Urban Development, the federal government agency in charge of affordable housing and community development.

Intrafamily Offense: A criminal offense that is committed, or threatened to be committed, by someone related to the victim by blood, adoption, legal custody, marriage, or domestic partnership, or with whom they have a child in common.

Prorate: To calculate rent per day from monthly rent. This allows for charges less than the full month’s rent.

Protection Order: A temporary or final court order that forbids a person from committing violent or threatening acts or harassing, contacting or communicating with, or being close to, another individual.

Public Housing: Government built, owned, and operated housing that is typically made available to low-income individuals and families at reduced rents.

Public Housing Provider: The people or organization in charge of operating or renting specific units of public housing.

Public Safety Transfer: Transferring from one public housing unit to another because of a situation that endangers a tenant’s or household member’s life from something other than the condition of the unit or the building. These life-threatening conditions must be documented and verified and may include situations, such as crimes, domestic violence, or hate crimes.

Qualified Third Party (local law): Any of the following people who can help a victim by acting in their official capacity:

- (1) A law enforcement officer
- (2) A sworn officer of the D.C. Housing Authority Office of Public Safety
- (3) A health professional
- (4) A domestic violence counselor

Reasonable Accommodation: A “reasonable accommodation” is a change, exception, or adjustment made to meet the needs of someone with a disability so that person can have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.

Section 8: An affordable housing assistance program offered by the federal government, either as rental vouchers to reduce rents or as specific Section 8-designated buildings with reduced rents for low-income tenants.

Resources



Legal

These organizations offer legal advice or services to help survivors with housing/shelter issues.

- **The Washington Legal Clinic for the Homeless**
(202) 328-5500
www.legalaidclinic.org
- **Legal Aid Society of the District of Columbia**
(202) 628-1161
www.legalaiddc.org
- **DC Law Students in Court Program** (services offered during fall/spring)
(202) 638-4798
www.lawstudents.org
- **Neighborhood Legal Service Program**
Headquarters: (202)832-6577
Ward 7/ Ward 8 Office: (202)832-6577
www.nlsp.org
- **Bread for the City**
(202)265-2400
(202) 561-8587
www.breadforthecity.org
- **Landlord/Tenant Resource Center**
(202)508-1710
http://www.dccourts.gov/dccourts.gov/dccourts/superior/ci_vil/landlord_tenant.jsp
- **University of the District of Columbia David A. Clarke School of Law Housing/Consumer Clinic**
(202)274-5120
<http://www.law.udc.edu/?page=HousingClinic>
- **Columbus Community Legal Clinic, Catholic University School of Law**
(services offered during fall/spring)
(202)319-6788
www.law/cua/edi/clinics/clc
<http://www.law.edu/clinics/cle/clinics-columbus.cfm>

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- **DC Volunteer Lawyer Project (DCVLP)**
(202)885-5542
www.dcvlp.org
 - **DC Bar Helpline**
(202)626-3499
www.dcbar.org
 - **Legal Counsel for the Elderly**
(202)434-2170
www.aarp.org/lce
 - **National Law Center on Homelessness and Poverty**
(202)638-2535
www.nlchp.org
 - **Equal Rights Center**
Phone: (202) 234-3062
TTY: (202)234-3106
www.equalrightscenter.org



Community and Referral Resources

These organizations can help with housing/shelter, food, public assistance, protection orders and legal issues.

- **District Alliance for Safe Housing (DASH)**
Housing Resource Center: (202)290-2356
Administrative Office: (202)462-3274
www.dashdc.org
- **DC Coalition Against Domestic Violence (DCCADV)**
(202)299-1181
www.dccadv.org
- **Asian Pacific Islander Domestic Violence Resource Project (DVRP)**
(202)464-4477
www.dvrp.org
- **Ayuda, Inc.**
(202) 387-4848
www.ayudainc.org

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- **Break the Cycle**
(202)824-0707
www.breakthecycle.org
 - **Deaf Abused Women's Network (DAWN)**
(202)559-5366
www.deafdawn.org
 - **DV Leap**
www.dvleap.org
info@dvleap.org
 - **House of Ruth**
(202)667-7001
www.houseofruth.org
 - **My Sister's Place (MSP)**
24 Hour Hotline: (202)529-5991
www.mysistersplacedc.org
 - **Ramona's Way**
(202)822-3888
www.ramonasway.org
 - **SAFE, Inc.**
Courthouse Office: (202) 879-0720
United Medical Center: (202) 561-3000
Main Office: (202) 506-2901 (to contact staff only)
www.dcsafe.org
 - **Women of Freedom Foundation**
(202) 250-1699
www.womenoffreedomfoundation.org
 - **National Domestic Violence Hotline**
1-800-799-7233 (24 Hour Hotline)
TTY 1-800-787-3224
www.ndvh.org
 - **DC Rape Crisis Center**
(202) 232-0789
www.dcrcc.org

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- **Washington Human Society: Safe Haven Program**
202-723-5730 ext. 135
http://support.washhumane.org/site/PageServer?pagename=programs_safehaven&AddInterest=1047



Housing Counseling Resources

These organizations can help with housing issues if the survivor needs to stay or leave the home.

- **District Alliance for Safe Housing**
(202) 462-3274
www.dashdc.org
- **Housing Counseling Services**
(202) 667-7006
www.housingetc.org
- **University Legal Services**
(202) 547-4747
(202) 442-7180
www.uls-dc.org
- **Latino Economic Development Corporation**
(866) 977-5332
www.ledcdc.org
- **Lydia's House**
(202) 373-1050
www.lydiashousendc.org



Additional Government Resources

These government agencies can help with additional housing/shelter issues.

- **Rental Housing Commission**
Enforces the Rental Housing Act of 1985 and decides appeals from the Rent Administrator and the Office of Administrative Hearings.

(202) 442-8359
<http://dhcd.dc.gov/service/rental-housing-commission>

- **Office of Tenant Advocate**

The Office of the Tenant Advocate helps tenants understand the *Rental Housing Act of 1985* (rent control) and the *Rental Housing Conversion and Sale Act of 1980*. The documents and links on the website will help tenants understand their rights and the processes for ensuring they are treated fairly under the law.

(202)442-8359

www.ota.dc.gov

- **Department of Consumer and Regulatory Affairs Multi-Door Dispute Resolution Services**

The Multi-Door Dispute Resolution Service is a good place to start when tenants think they might have a problem with their landlord or housing provider. This service tells tenants about their rights and resources, shows them effective ways to resolve the problem on their own, and helps them find exactly which services would be best.

Tenants can:



Call (202) 879-1549 and ask to speak with a Dispute Resolution Specialist



Fax questions or documents to (202) 879-9458



Visit their office at:

410 E Street, N.W., Washington, DC 20001 (**Please use the Police Memorial Entrance at Judiciary Square Metro Station**).



① Appendix 1

**D.C. Office of Human Rights (OHR)
Complaint Form**





OHR QUESTIONNAIRE-HOUSING/COMMERCIAL SPACE

*Required Fields

1. COMPLAINANT

*Today's Date:	*Name:
*Address:	
*City/State/Zip:	
E-mail: _____	*What is your language preference?
*Home Tel #: _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean
Work Tel #: _____	<input type="checkbox"/> Other (Please list) _____

IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:

Name: _____ Telephone/Fax: _____

Address: _____ E-mail: _____

Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.

Do you require a reasonable accommodation? If so, please explain:

Do you require language interpretation? If so, what language?

2. RESPONDENT

The person that discriminated against you was:

Owner Property Manager Leasing Agent Maintenance Person Other _____

Place where discrimination occurred:

Single Family Home/Duplex Apartment Complex Condominium Cooperative

Property Address: _____ Date of Occurrence: _____

NAME OF ESTABLISHMENT (INCLUDE MANAGEMENT COMPANY:)	NAME AND TITLE OF AGENT, REALTOR, BROKER:
Address:	
City/State/Zip:	
Tel/Fax #:	E-mail Address:

3. ISSUE OF COMPLAINT

*What action was taken that made you feel you were treated differently?

<input type="checkbox"/> Refusal to rent/sell	<input type="checkbox"/> Discriminatory advertising, statements and notices	<input type="checkbox"/> Discriminatory Financing Terms
<input type="checkbox"/> Failure to make an accommodation (i.e. Disability)	<input type="checkbox"/> False Representation of Availability	<input type="checkbox"/> Retaliation, Harassment, Intimidation, Coercion
<input type="checkbox"/> Discriminatory terms, conditions, services and facilities		
<input type="checkbox"/> Other _____		

4. BASIS OF COMPLAINT

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category.

*Do you feel you were discriminated against because of your: (Please check appropriate box).

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex | <input type="checkbox"/> Age | <input type="checkbox"/> Matriculation | <input type="checkbox"/> Source of Income |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity or expression | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Personal Appearance | <input type="checkbox"/> Political Affiliation | <input type="checkbox"/> Place of Residence or Business |
| <input type="checkbox"/> Status of a victim of an intra-family offense | <input type="checkbox"/> Familial Status | | | |

5. JURISDICTION

*Please check all that apply:

- Alleged violation occurred in the District of Columbia.
- Alleged violation occurred 365 days or less from today's date.
- You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

6. WITNESSES

List whom you feel can corroborate your experience and provide evidence in your support.

Name: _____	Name: _____	Name: _____
E-mail Address: _____	E-mail Address: _____	E-mail Address: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

*7. YOUR COMPLAINT

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying goods, services, etc. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to, and the date Respondent was notified of your disability.

The submission of the OHR questionnaire constitutes the date of filing for statute of limitation purposes.
A complete and submitted OHR questionnaire satisfies the requirements of 4 DCMR 705.4, 705.5

Please return this form by email to ohr.intake@dc.gov or 441 4th Street NW, Suite 570N, Washington DC, 20001.

The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Signature of Potential Charging Party
(please type full name)

*Date

① Appendix 2

**U.S. Department of Housing and Urban
Development (HUD)**



Are You a

Victim of

Housing
Discrimination?

Fair Housing is Your Right!

If you have been denied your housing rights...you may have experienced unlawful discrimination.



U.S. Department of Housing and Urban Development

WHERE TO MAIL YOUR FORM OR INQUIRE ABOUT YOUR CLAIM

**For Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and Vermont:**

NEW ENGLAND OFFICE

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Telephone (617) 994-8320 or 1-800-827-5005
Fax (617) 565-7313 • TTY (617) 565-5453
E-mail: Complaints_office_01@hud.gov

**For New Jersey and New York:
NEW YORK/NEW JERSEY OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
26 Federal Plaza, Room 3532
New York, NY 10278-0068
Telephone (212) 264-1290 or 1-800-496-4294
Fax (212) 264-9829 • TTY (212) 264-0927
E-mail: Complaints_office_02@hud.gov

**For Delaware, District of Columbia, Maryland,
Pennsylvania, Virginia, and West Virginia:
MID-ATLANTIC OFFICE**

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
The Wanamaker Building
100 Penn Square East
Philadelphia, PA 19107
Telephone (215) 656-0663 or 1-888-799-2085
Fax (215) 656-3419 • TTY (215) 656-3450
E-mail: Complaints_office_03@hud.gov

**For Alabama, the Caribbean, Florida, Georgia, Kentucky, Missis-
sippi, North Carolina, South Carolina, and Tennessee:**

SOUTHEAST/CARIBBEAN OFFICE

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Five Points Plaza
40 Marietta Street, 16th Floor
Atlanta, GA 30303-2808
Telephone (404) 331-5140 or 1-800-440-8091
Fax (404) 331-1021 • TTY (404) 730-2654
E-mail: Complaints_office_04@hud.gov

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

MIDWEST OFFICE

Fair Housing Hub
U.S. Dept. 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
E-mail: Complaints_office_05@hud.gov

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

SOUTHWEST OFFICE

Fair Housing Hub
U.S. Dept. 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
E-mail: Complaints_office_06@hud.gov

For Iowa, Kansas, Missouri and Nebraska:

GREAT PLAINS OFFICE

Fair Housing Hub
U.S. Dept. 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
E-mail: Complaints_office_07@hud.gov

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

ROCKY MOUNTAINS OFFICE

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
1670 Broadway
Denver, CO 80202-4801
Telephone (303) 672-5437 or 1-800-877-7353
Fax (303) 672-5026 • TTY (303) 672-5248
E-mail: Complaints_office_08@hud.gov

For Arizona, California, Hawaii, and Nevada:

PACIFIC/HAWAII OFFICE

Fair Housing Hub
U.S. Dept. of Housing and Urban Development
600 Harrison Street, Third Floor
San Francisco, CA 94107-1300
Telephone (415) 489-6524 or 1-800-347-3739
Fax (415) 489-6558 • TTY (415) 436-6594
E-mail: Complaints_office_09@hud.gov

For Alaska, Idaho, Oregon, and Washington:

NORTHWEST/ALASKA OFFICE

Fair Housing Hub
U.S. Dept. 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
E-mail: Complaints_office_10@hud.gov

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

U.S. Dept. 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

To file electronically, visit: www.hud.gov

PLACE
POSTAGE
HERE

MAIL TO:

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The Department of Housing and Urban Development is authorized to collect this information by Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430); Title VI of the Civil Rights Act of 1964, (P.L. 88-352); Section 504 of the Rehabilitation Act of 1973, as amended, (P.L. 93-112); Section 109 of Title I- Housing and Community Development Act of 1974, as amended, (P.L. 97-35); Americans with Disabilities Act of 1990, (P.L. 101-336); and by the Age Discrimination Act of 1975, as amended, (42 U.S.C. 6103).

The information will be used to investigate and to process housing discrimination complaints. The information may be disclosed to the United States Department of Justice for its use in the filing of pattern and practice suits of housing discrimination or the prosecution of the person(s) who committed that discrimination where violence is involved; and to State or local fair housing agencies that administer substantially equivalent fair housing laws for complaint processing. 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.



HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano · Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development · Office of Fair Housing and Equal Opportunity

2 Why do you think you are a victim of housing discrimination?

Is it because of your:

· race · color · religion · sex · national origin · familial status (families with children under 18) · disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply.

3 Who do you believe discriminated against you?

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Identify who you believe discriminated against you.

Name

Address

4 Where did the alleged act of discrimination occur?

For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home?

Did it occur at a bank or other lending institution?

Provide the address.

Address

City

State

Zip Code

5 When did the last act of discrimination occur?

Enter the date

___/___/___

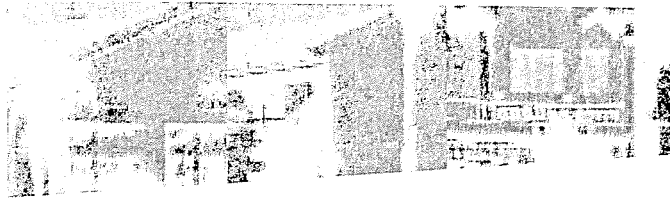
Is the alleged discrimination continuing or ongoing?

Yes No

Signature

Date

Send this form to HUD or to the fair housing agency nearest you. If you are unable to complete this form, you may call that office directly. See address and telephone listings on back page.



It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)

If You Believe Your Rights Have Been Violated...

- HUD or a State or local fair housing agency is ready to help you file a complaint.
- After your information is received, HUD or a State or local fair housing agency will contact you to discuss the concerns you raise.

Detach here. Fold and close with glue or tape (no staples)

Keep this information for your records.

Date you mailed your information to HUD: _____ / _____ / _____
Address to which you sent the information:

Office	Telephone	
Street		
City	State	Zip Code

If you have not heard from HUD or a State or local fair housing agency within three weeks from the date you mailed this form, you may call to inquire about the status of your complaint. See address and telephone listings on back page.

ARE YOU A VICTIM OF HOUSING DISCRIMINATION?

"The American Dream of having a safe and decent place to call 'home' reflects our shared belief that in this nation, opportunity and success are within everyone's reach.

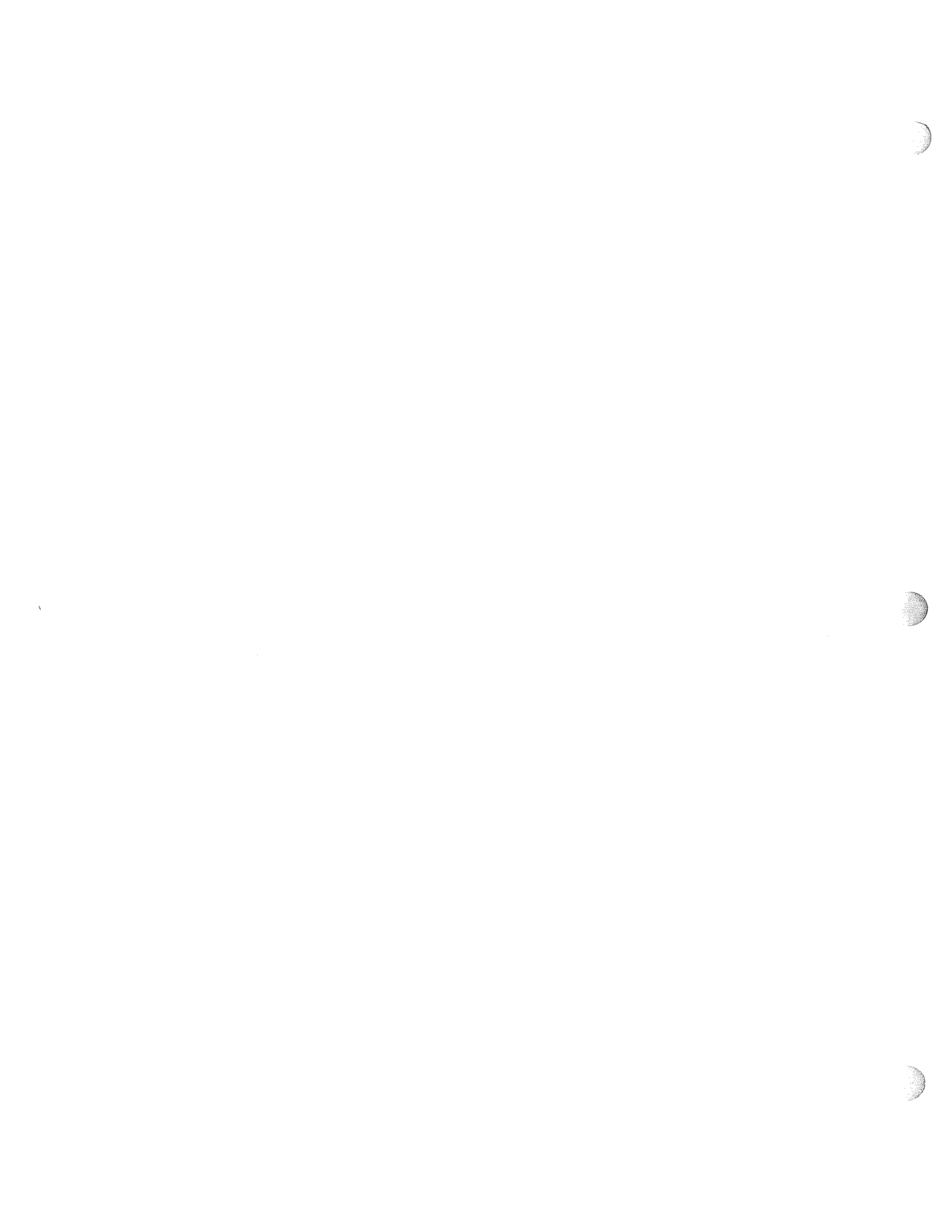
Under our Fair Housing laws, every citizen is assured the opportunity to build a better life in the home or apartment of their choice — regardless of their race, color, religion, sex, national origin, family status or disability."

Alphonso Jackson
Secretary

HOW DO YOU RECOGNIZE HOUSING DISCRIMINATION?

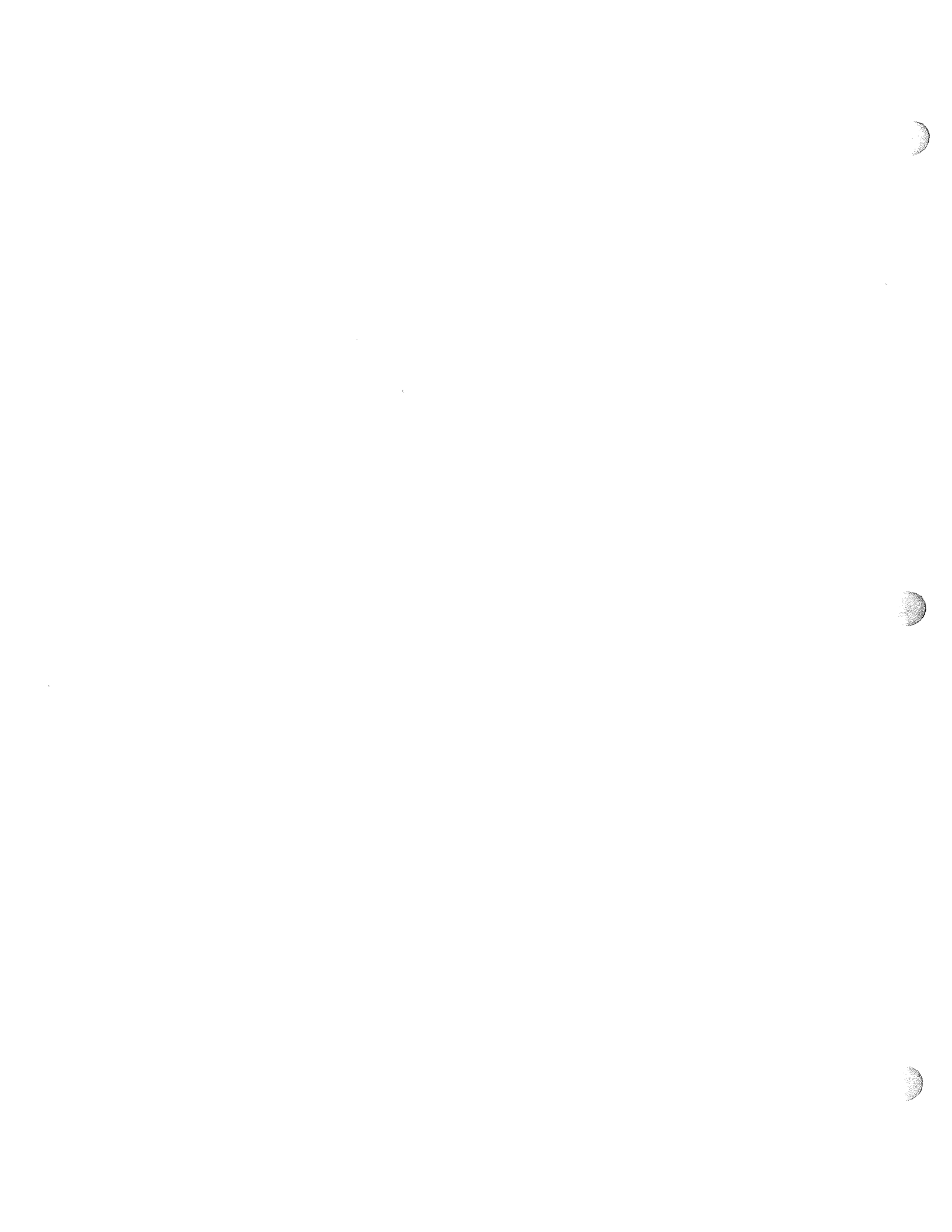
Under the Fair Housing Act, it is Against the Law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights



① Appendix 3

**Violence Against Women Act (VAWA)
Self-Certification Form**



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.

 DISTRICT ALLIANCE FOR SAFE HOUSING

**Every Door is the Right Door:
Skills and Tools for Working with
Domestic Violence Survivors**


Presented by:
LaToya Young
Larisa Kofman, JD
District Alliance for Safe Housing
September 2015




 DISTRICT ALLIANCE FOR SAFE HOUSING

Objectives-Part I


- Enhance your ability to work with domestic violence survivors by examining the dynamics of domestic violence.
- Become familiar with terms associated with domestic violence and risk survivors face.
- Develop understanding of the fundamentals of effective safety planning.




 DISTRICT ALLIANCE FOR SAFE HOUSING

Objectives-Part II


- Understand the shelter/housing legal protections victims have in the District of Columbia; including local and federal protections
- Understand the legal protections to help ensure program compliance.
- Understand the legal protections to provide tools and assistance to clients/program participants so they can utilize the protections afforded to them




 DISTRICT ALLIANCE FOR SAFE HOUSING


Journaling Activity


- What are your personal thoughts, feelings about domestic violence?
- What are your personal thoughts, feelings about domestic violence victims, survivors, perpetrators?
Where do they come from?



 DISTRICT ALLIANCE FOR SAFE HOUSING


Questions & Answers




 DISTRICT ALLIANCE FOR SAFE HOUSING

WHAT is Domestic Violence?

- A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.
- Can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person.
- "Domestic violence" is when one of the following people commits or threatens to commit *any* crime against you:*





 DISTRICT ALLIANCE FOR SAFE HOUSING

DC Definition of DV

- In the District of Columbia, Domestic violence is divided into three categories: Intimate partner violence, Intrafamily violence, and Interpersonal violence.
- Someone who is or was in a domestic partnership with, or in a romantic, dating, or sexual relationship with ("Intimate partner violence") the survivor.
- Someone related to the survivor by blood, adoption, legal custody, marriage, or domestic partnership (i.e., a brother or father-in-law) ("Intrafamily violence")
- Someone that the survivor has a child in common with – this can be ("Intrafamily violence") and/or ("Intimate partner violence")
- Someone who share(d) a home with (i.e., a roommate) ("Interpersonal violence") the survivor.
- Someone who is/was in an intimate relationship with the same person that the survivor is/was, in an intimate relationship with (e.g., you are dating Jane and Jane's ex-husband assaults you) ("Interpersonal violence").**


Note: If the survivor is a victim of stalking, sexual assault, or sexual abuse, you can file for a civil protection order against the offender even if you do not fall into one of these above categories.**




 DISTRICT ALLIANCE FOR SAFE HOUSING

Domestic Violence Terms


- Domestic Violence (DV)
- Survivor/Victim
- Intimate Partner
- Intimate Partner Violence (IPV)
- Abuser/Batterer
- Emergency Protective Order
- Temporary Protective Order (TPO)
- Civil Protective Order (CPO)
- Respondent/Petitioner
- Unhealthy Relationship




 DISTRICT ALLIANCE FOR SAFE HOUSING

Facts


- Domestic Violence permeates class levels, ethnicity, and gender.
- Relationships involving a high level of control over another person in the relationship are positively correlated with domestic violence.
- A survivor of domestic violence does not have a specific look.
- There is a high correlation between a history of family violence and domestic violence.




 DISTRICT ALLIANCE FOR SAFE HOUSING

What are the risks


If the Survivor Stays	If the Survivor Leaves
<ul style="list-style-type: none">• Physical injury• Death• HIV• Psychological harm• Substance Abuse• Suicide• Long term psychological damage• Physical/Psychological harm to the children• Loss of child/ren• Single parenting , singlehood	<ul style="list-style-type: none">• Physical injury• Death• HIV• Psychological harm• Substance Abuse• Suicide• Long term psychological damage• Single parenting, singlehood




 DISTRICT ALLIANCE FOR SAFE HOUSING

What are the risks? (cont'd)

If the survivor stays	If the survivor leaves
<ul style="list-style-type: none">• Decrease in Standard of Living• Loss of income/job• Loss of housing• Loss or damage to possessions• Threats or injury to family or friends• Loss of family/friends support	<ul style="list-style-type: none">• Decrease in Standard of Living• Loss of income/job• Loss of housing• Loss or damage to possessions• Threats or injury to family or friends• Loss of family/friends support





 DISTRICT ALLIANCE FOR SAFE HOUSING

Elements of an Effective Safety Plan

- Client/participant based
- All options have been explored
- All risks have been explored
- Realistic
- Flexible
- Short-term


* Cited from Assessing Risk Factor for Intimate Partner Homicide, National Institute of Justice Journal Issue 250, November 2003.




 DISTRICT ALLIANCE FOR SAFE HOUSING

Objectives Part II


- Understand the shelter/housing legal protections victims have in the District of Columbia, including local and federal protections
- Understand the legal protections to help ensure program compliance
- Understand the legal protections to provide tools and assistance to clients/program participants so they can utilize the protections afforded to them




 DISTRICT ALLIANCE FOR SAFE HOUSING

Group Brainstorm

What are barriers facing victims of domestic violence when they seek shelter and/or housing in the District of Columbia?




 DISTRICT ALLIANCE FOR SAFE HOUSING


Local and Federal Law Overview

District of Columbia Laws

The Human Rights Act of 1977 ("HRA") and Rental Housing Act ("RHA") were amended March 2007, providing extensive protections to victims in **public and private housing**

Special Note: This includes homeless shelters, domestic violence shelters, housing programs, privately owned apartments/houses, public housing, Section 8 Housing, Subsidized housing).




 DISTRICT ALLIANCE FOR SAFE HOUSING


Local and Federal Law Overview

District of Columbia Laws Continued

Survivors have the right to:

- be treated the same as other tenants or housing program participants;
- be protected from discrimination when seeking (or while in) public or private housing;
- have the locks changed;




 DISTRICT ALLIANCE FOR SAFE HOUSING


Local and Federal Law Overview

District of Columbia Laws Continued

Survivors have the right to:

- reasonable accommodation in restoring or improving security and safety measures;
- be released from a lease early free of penalty within 14 days of giving notice;




 DISTRICT ALLIANCE FOR SAFE HOUSING


Local and Federal Law Overview

District of Columbia Laws Continued

Survivors have the right to:

- stay in her/his home without threat of eviction if they experience domestic violence in their residence; and
- stay in his/her home without threat of eviction if they contact the police or emergency services during or after a domestic violence incident.





 DISTRICT ALLIANCE FOR SAFE HOUSING

Local and Federal Law Overview

Federal Laws:
Violence Against Women Act 2013 ("VAWA")

Under VAWA someone who is a survivor of domestic violence and a tenant in federal public housing, Section 8 voucher- or project-based housing, or in a program that receives McKinney Vento funds (funds homeless shelters/housing programs) (includes Continuum of Care) has rights





 DISTRICT ALLIANCE FOR SAFE HOUSING

Local and Federal Law Overview

Violence Against Women Act ("VAWA") Continued

- Applies to survivors regardless of sex, gender identity, sexual orientation, disability or age.
- Provides housing protections to survivors of dating violence, sexual assault, stalking and also applies to an affiliated individual of the survivor (including individuals who are not on the lease but are in the survivor's immediate family or individual living in the household).




 DISTRICT ALLIANCE FOR SAFE HOUSING


Local and Federal Law Overview

Violence Against Women Act ("VAWA") Continued

Survivors have the right to:

- be accepted into a shelter/housing program. For example, a housing provider cannot deny an applicant housing/assistance on the basis that s/he is or has been a survivor;
- remove the batterer from the public housing lease (or Section 8 Housing Choice Voucher) and stay in the unit;




 DISTRICT ALLIANCE FOR SAFE HOUSING


Local and Federal Law Overview

Violence Against Women Act ("VAWA") Continued

Survivors have the right to:

- ensure that DC Housing Authority and Section 8 landlords honor a civil protection order, specifically if it addresses the batterer's access to where the survivor lives;
- Port (move to another location) if s/he has a Section 8 voucher, so long as it's within the DC Housing Authority jurisdiction;
- seek an emergency transfer;




 DISTRICT ALLIANCE FOR SAFE HOUSING


Local and Federal Law Overview

Violence Against Women Act ("VAWA") Continued

Survivors have the right to:

- stay in the unit, even if there is (or has been) criminal activity that is directly related to the domestic violence; and
- confidentiality of information about domestic violence, dating violence, sexual assault, or stalking; This information can only be shared if requested by the survivor in writing, is required for use in an eviction proceeding or by law.





 DISTRICT ALLIANCE FOR SAFE HOUSING

Local and Federal Law Overview

Other Federal Protections Include:


- Fair Housing Act
- Title VI of the 1964 Civil Rights Act
- Americans with Disabilities Act




 DISTRICT ALLIANCE FOR SAFE HOUSING

Common Scenarios: Group Brainstorm and Group Activities


Special Note: Remember these scenarios apply whether you are a permanent supportive housing program, transitional housing program, emergency shelter, etc. The laws apply to all shelters and housing programs in the District.




 DISTRICT ALLIANCE FOR SAFE HOUSING

Group Brainstorm

- 1) Get into group of 3-4
- 2) Read scenario 1
- 3) Answer the question presented after the scenario (write down answers on the paper provided)
- 4) Share Out & Full Group Discussion





 DISTRICT ALLIANCE FOR SAFE HOUSING

Can This Survivor Move Into Shelter?

Scenario 1


You are an intake counselor. You overhear another intake counselor doing an interview. The person disclosed that she is a survivor. The intake counselor tells her that "We do not take domestic violence survivors – there are other shelters out there for you."




 DISTRICT ALLIANCE FOR SAFE HOUSING


Can This Survivor Move Into Shelter?
Scenario 1 Question


Assume there was space in the homeless shelter/housing programs. Since the intake counselor decided she was not going to let the woman in the shelter, was that legal?
Why or Why Not?



 DISTRICT ALLIANCE FOR SAFE HOUSING


Discussion




 DISTRICT ALLIANCE FOR SAFE HOUSING

Can This Survivor Move Into Shelter?
Scenario 1 Answer


A shelter (including central intake) cannot deny shelter to someone because they believe or are told that person may be a victim, whether it is true or not.




 DISTRICT ALLIANCE FOR SAFE HOUSING

Group Brainstorm

- 1) Stay in your group
- 2) Read scenario 2
- 3) Answer the question presented after the scenario (write down answers on the paper provided)
- 4) Share Out & Full Group Discussion





 DISTRICT ALLIANCE FOR SAFE HOUSING

Can This Survivor Move Into Shelter?

Scenario 2:

I am an intake counselor for our shelter, and someone called seeking shelter. I went through our intake form and asked for the person's name. When she told me, it sounded very familiar. I remembered having a conversation with one of our case managers a few months ago and remembered her saying this woman was trouble, with an abusive girlfriend and drama in her life. When this came back to me, I told her we couldn't take her.





 DISTRICT ALLIANCE FOR SAFE HOUSING

Can This Survivor Move Into Shelter?


Scenario 2 Question


Assume the shelter had space. Since the intake counselor decided she was not going to let the woman in the shelter, was that legal?
Why or Why Not?



 DISTRICT ALLIANCE FOR SAFE HOUSING

Discussion





 DISTRICT ALLIANCE FOR SAFE HOUSING

Can This Survivor Move Into Shelter?

Scenario 2 Answer


A shelter cannot deny shelter to someone because they believe that person may be a victim, whether it is true or not.




 DISTRICT ALLIANCE FOR SAFE HOUSING

Partner Activity

- 1) Find one person to partner with
- 2) Read scenario 3
- 3) Discuss and answer questions
- 4) Write down answers on paper provided
- 5) Share with full group
- 6) Group Discussion





 DISTRICT ALLIANCE FOR SAFE HOUSING

Survivor Wants to Stay in Housing But...

Scenario 3:

A survivor wants to stay in her transitional housing unit with her kids, but her husband—who calls her names and has even hit her lives with them. She doesn't want him to have access to the apartment anymore. You're her case manager and she shares this with you.





 DISTRICT ALLIANCE FOR SAFE HOUSING

Survivor Wants to Stay in Housing But...


Scenario 3 Questions


- 1) Can the husband be removed from the apartment?
- 2) Does the client/program participant need to show me anything to prove that she is the victim so that I can go ahead with helping her?
- 3) What if I do want documentation?
- 4) Since she requested the locks to be changed what do we need to do? Do we have to change the locks?



 DISTRICT ALLIANCE FOR SAFE HOUSING


Discussion




 DISTRICT ALLIANCE FOR SAFE HOUSING

Survivor Wants to Stay in Housing But...


Scenario 3 Questions	Scenario 3 Answers
1) Can the husband be removed from the apartment?	1) Yes. If he is not on the lease no documentation is necessary. If he is on the lease she will need to get a protection order.
2) Does the client/program participant need to show me anything to prove that she is the victim so that I can help her?	2) No. You do not have to ask for proof of any kind that she is a survivor. You can move ahead immediately.
3) What if I do want documentation?	3) The survivor will need to provide a temporary or civil protection order only if he is on the lease; otherwise, no documentation is necessary.
4) Since she requested the locks to be changed what do we need to do? Do we have to change the locks?	4) Your program needs to do so within 5 business days of her request.




 DISTRICT ALLIANCE FOR SAFE HOUSING

Partner Activity

- 1) Find a different partner (just one)
- 2) Read scenario 4
- 3) Discuss and answer questions
- 4) Write down answers on paper provided
- 5) Share with full group
- 6) Group Discussion





 DISTRICT ALLIANCE FOR SAFE HOUSING

Survivor Wants to Leave, But...

Scenario 4:

The survivor is scared for her safety and wants to leave but has eight months left on her one-year lease in your program. Your program requires that the survivor pay a percentage of the rent.





 DISTRICT ALLIANCE FOR SAFE HOUSING

Survivor Wants to Leave, But...


Scenario 4 Questions


- 1) Does the survivor have the right to be released from her lease?
- 2) Does the survivor owe rent?
- 3) Does the client/program participant need to show me anything to prove that she is the victim (i.e documentation)?
- 4) What if I do want documentation?



 DISTRICT ALLIANCE FOR SAFE HOUSING


Discussion




 DISTRICT ALLIANCE FOR SAFE HOUSING

Survivor Wants to Leave, But...


Scenario 4 Questions	Scenario 4 Answers
1) Does the survivor have the right to be released from her lease?	1) Yes, she has the right to be released from her lease within 14 days of giving notice.
2) Does the survivor owe rent?	2) The survivor will still be responsible for a prorated rent to the 14 days or the date when the housing provider finds a new tenant, whichever comes first.
3) Does the client/program participant need to show me anything to prove that she is the survivor (i.e documentation)?	3) No (same answer as scenario 3)
4) What if I do want documentation?	4) The survivor can provide either a copy of a temporary or civil protection order OR a letter signed by a qualified third party.




 DISTRICT ALLIANCE FOR SAFE HOUSING

Survivor Wants to Leave, But...

Special Note: Only one document is required to be released from the lease.





 DISTRICT ALLIANCE FOR SAFE HOUSING

Survivor Wants to Leave, But...

Qualified Third Parties are:

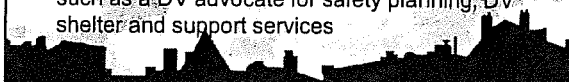
- Law enforcement officers
- Domestic violence counselors (individuals that work for a domestic violence organization)
- Health professionals (doctor, nurse)
- DC Housing Authority Office of Public Safety Officer




 DISTRICT ALLIANCE FOR SAFE HOUSING

What is your role ?

- Provide rights (notice) to all
- Use private areas to discuss situation, don't announce someone as a victim
- Lock drawers with identifying information, password protect documents
- Approach DV victims in a non-judgmental manner.
- Refer to and help the victims access resources; such as a DV advocate for safety planning, DV shelter and support services





Handwritten notes:
 DVIC
 DV Intake
 CCAP Admin/Case Mgr

 DISTRICT ALLIANCE FOR SAFE HOUSING


How to Help

- Create a safe space
- Believe
- Not your fault
- You don't deserve it
- You're not alone
- You're not crazy
- Resources
- I support you
- When you're ready
- Give them back the power that has been taken away by abuse
- They know what's best and safest for them and their children, they know the abuser



 DISTRICT ALLIANCE FOR SAFE HOUSING

Question and Answer



Attachment 52 – Case Management Standards

C.5.4.4 Case Management for Families in Rapid Rehousing

- The Prime Contractor shall provide case management and housing stabilization supports to families experiencing homelessness, assessed as needing time limited support to regain housing stability, and matched to Rapid Re-Housing (RRH). RRH is intended to provide timely access to permanent housing for households with low to moderate acuity. This means the household is expected to need some financial support and/or case management in a time-limited manner to assist with achieving long-term housing stability. RRH is the primary housing option for families to exit shelter and is offered as part of a progressive engagement approach. If through the course of engagement with a family, the Prime assesses a need for PSH, TAH or other housing program, the Prime shall make that recommendation to DHS.
- The Prime Contractor shall provide assistance in accordance with all applicable Federal and local regulations, including the Family Re-Housing and Stabilization Program (FRSP) regulations, and in the case Federal Emergency Solutions Grant (ESG) funds are used, HUD ESG program regulations.
- The Prime Contractor shall provide all necessary client and landlord information to the DC Housing Authority (DCHA) - the entity responsible for paying RRH subsidy payments to participating landlords – in a timely manner and according to a protocol established by the District.
- The Prime Contractor shall deliver services within a Housing First philosophy and service orientation.
- The Prime Contractor shall ensure each Rapid Rehousing case manager has no more than 25 households on a caseload at any point in time, however no more than 10 households that are within their first quarter of receiving assistance.
- The Prime Contractor shall work collaboratively with a client’s shelter case manager, TEP subcontractor, and other service providers (as applicable). This includes joint/in-person meetings, particularly during the first quarter of the client’s participation in RRH programming, but throughout the client’s program enrollment as needed.
- The Prime Contractor shall ensure that all services be provided by a qualified case manager, licensed/certified clinician, and/or licensed social worker. If more than one Provider team member will be performing case management tasks the Contractor shall identify a primary case manager responsible for coordinating and documenting the service delivery for the individual and/or family.

Attachment 52 – Case Management Standards

- If the relationship between a client and his or her Case Manager deteriorates such that the two can no longer reasonably work together, and efforts to resolve the situation have not been successful, the client may request assignment of a new Case Manager and the Prime Contractor shall transfer the client to a new Case Manager. If the Prime Contractor cannot accommodate the request, the client has the right to request that the Prime Contractor or DHS transfers him/her to a different Provider for Rapid Rehousing services.
- The Prime Contractor shall be present with a RRH client during the signing of a lease to review the terms of the lease. The Prime Contractor shall also educate the client on how to resolve problems or concerns related to the unit and/or the landlord. The Prime Contractor shall monitor client's compliance with their housing lease at least monthly.
- The Prime Contractor shall ensure Clients are recertified quarterly, or in accordance with program guidelines.
- The Prime Contractor shall monitor, train and provide oversight to ensure quality case management services are provided. The Prime Contractor will make recommendations to DHS as appropriate.

RRH Case Management Meetings

- The Prime Contractor shall ensure Case Managers have a minimum of four (4) contacts per month with a client during the first quarter of assistance. At least (2) two of these contacts must be face-to-face and must take place in the home or community of the client. Thereafter, the frequency of contacts will be based on the needs and progress of the client, but in no case shall Case Managers have less than one (1) home visit per month while the client is enrolled in the program.
- The Prime Contractor shall ensure meetings are scheduled between a Case Manager and the client at a mutually agreeable time that does not conflict with a client's work schedule, medical appointments, school events, or other appointments that are part of the client's Plan. The following criteria shall apply to home visits in the Rapid Rehousing program:
 - a) Home visits shall be scheduled by the Case Manager and the client at a mutually agreeable time. Case Managers must arrive on time for prearranged

Attachment 52 – Case Management Standards

home visits. If a Case Manager is more than 30 minutes late, the client may request that the visit be rescheduled for another time.

- b) If the Case Manager cannot reach the client to arrange a mutually agreeable time, the Case Manager may send a letter indicating intent to visit and the date and time of the visit.
- c) A client may allow the Case Manager permission to enter the home if the home visit is unannounced, but is not required to consent to a home visit at that time. A client may ask the unannounced Case Manager to schedule another time for the home visit.
- d) If a client is not home at a mutually agreed-upon time, the Case Manager may leave a note indicating when they will return and offering to reschedule at a mutually convenient time.

Standards for RRH Case Management Services and Documentation

- The Prime Contractor shall assist clients to develop a detailed housing stabilization plan within fourteen (14) days of first contact (which shall happen within days of referral). Housing stabilization plans should incorporate any plans that were developed in shelter, SPDAT score, the TANF Comprehensive Assessment (if available), and assessments from the case management team.
 - a) When the client is a TANF recipient, the Prime Contractor shall meet with the client's TANF Employment Provider and work collaboratively to update or develop (as appropriate) the client's Individual Responsibility Plan (IRP) to include goals and action items focused on housing stability.
 - b) When the client is not a TANF recipient or is not engaged with their TEP subcontractor, the Prime Contractor shall use the DHS provided template (or something similar in nature) to develop a detailed housing stabilization plan. The Plan shall be unique to each program participant, shall recognize client strengths, identify priorities important to the client, establish appropriate and measurable goals and objectives, desired outcomes, and recommended service interventions that will address any needs and assist an individual in achieving the greatest amount of independence possible. The responsibilities of the client, the Provider, and other service providers shall be clarified throughout the development of the plan. The Prime Contractor shall upload the plan to HMIS upon completion.
- The Prime Contractor shall ensure Case Managers coordinate both formal and informal resources to support clients in maximizing their quality of life, but most importantly, help sustain their tenancy. Services that a Case Manager should address in the Stabilization Plan may include, but are not limited to, the following: acquisition of public benefits

Attachment 52 – Case Management Standards

(SNAP, TANF, Medicaid, childcare, LIHEAP etc.), chemical and alcohol dependency, clothing, crisis intervention, domestic violence, conduct of a good tenant, Education, School Attendance (for children in the household), Employment Assistance, Client Empowerment, Food, Housing Support including negotiating with landlords and referrals, Budgeting, Credit Counseling, Financial Planning and increasing income, Emergency and Exit Assistance, Legal or Non-Citizen Assistance, Living Environment including utility cut-offs, home repairs and maintenance, hygiene, furniture, Mental and Physical Health Care, Respite/Recreation, Transportation, Visitation Coordination.

- The Prime Contractor shall ensure Case Managers:
 - a) Provide the client with the expected end date of their RRH placement and explain to the client how much rent the client must pay each month and how much rent is being paid for the client;
 - b) Provide the client with clear and concise written information about services;
 - c) Advocate on behalf of the client if the client encounters obstacles in obtaining services or housing and maintaining such services or housing;
 - d) Monitor to assure that the client has accessed services, and that the service is helping the client to meet his or her goals;
 - e) Support the client in monitoring and evaluating outcomes and revising the Plan as needed; and
 - f) Adjust client rent contributions as appropriate.
- The Prime Contractor shall ensure that all notes related to engagement activities, client contacts, progress against plan goals, follow up action items, and clinical notation are recorded in the client electronic record within 48 hours of service delivery in HMIS. In the absence of client interactions, case notes shall reflect all attempts to engage the client. Data about income shall be updated in HMIS as changes occur and at least every six months.
- The Prime Contractor shall provide clients a copy of the Plan that is developed. The Prime Contractor shall have clients sign a form acknowledging receipt of the plan (which shall be uploaded to HMIS). The Prime Contractor shall also provide the client with written instructions on how they can access their Plan at any time.

Attachment 52 – Case Management Standards

- The Prime Contractor shall assist clients to develop a detailed household budget within fourteen (14) days of first contact. In collaboration with the client, the Prime Contractor must review (and update as appropriate) the household's budget on a monthly basis. The budget must be uploaded into HMIS.
- The Prime Contractor shall conduct a formal reassessment of the client's progress against plan goals, with the purpose of evaluating a client's need for additional assistance, every three months. The Prime Contractor shall provide the client, DCHA, and the landlord with updated rent payment information using District provided forms and according to District established protocol, upon recertification.
- The Prime Contractor shall monitor children's school participation/attendance, and shall assist households troubleshoot any issues or concerns.
- The Prime Contractor shall ensure that Case Managers serve as a mediator/liaison between clients and their landlords if needed. Case Managers contact their clients' landlords minimally on a quarterly basis for a customer service check-in (upon recertification).

DCHA HCVP HQS Inspection Checklist

Listed below you will find a list of the most common reasons a unit may fail **Housing Quality Standards (HQS)**. Please look your unit over carefully before the inspector comes out. We will be unable to enter into contract if the unit fails HQS inspection.

Most common reasons units fail Housing Quality Standards (HQS) includes such things as:

- * peeling or flaking paint
- * unsafe or rotted porches
- * water leaks
- * lack of proper ventilation of flue on hot water tank
- * weak or broken floor boards
- * faulty plumbing
- * missing electrical outlet covers or switch plates
- * inoperable smoke detectors
- * infestation
- * no smoke detectors
- * unclean or appears to be not ready for new habitation
- * utilities not on

Here is a checklist to use prior to inspection. **THIS LISTING IS NOT A COMPLETE LIST OF CAUSES FOR HQS FAILURE.**

____ All ceilings, walls and floors must be strong, sturdy and in their permanent positions.

____ A working smoke detector with a live battery or hard wired must be installed on every level of the unit, including in the basement and outside of sleeping rooms. If any members of the family are hearing impaired, a detector for the hearing impaired must be installed.

____ The entire unit, both inside and outside, including window frames, must be free of cracking, scaling, peeling, chipping and loose paint. This prevents expo-

sure to possible lead-based paint hazards.

____ Where there are four or more consecutive steps, handrails must be securely attached. This applies to both the interior and exterior of the unit.

____ The unit must be free of roaches, rodents or any other infestations.

____ The entire unit, interior and exterior, must be free from electrical hazards. There may be no loose, hanging or exposed wires. All three-pronged outlets must be wired correctly. A three-prong circuit tester will be used at the time of the inspection to assure safety.

____ Every room used for living must have either two working outlets or one working outlet and a permanently installed light fixture. At a minimum, each bathroom must have a permanently installed light fixture.

____ All light switches and outlets must have secured plate covers installed.

____ All windows and doors must be secure when closed, and must be weather tight.

____ All windows and doors that are accessible from the outside must have working sturdy locks.

____ All openable windows must have a mechanism to secure them in place when opened.

____ If the unit has a third floor sleeping room(s), and the family is eligible to use this room for sleeping, the owner must provide a safe method of escape in the case of fire (ie. chain ladder).

____ If there is a bathroom with a toilet that is not hooked up to water and sewer lines, it must be repaired. If it is removed, the drain must be sealed to prevent rodents and/or gases from escaping into the unit.

____ The bathroom must have either an openable window or an exhaust fan for ventilation.

____ The hot water tank's pressure relief valve must have a discharge line extending down two to six inches from the floor.

____ The flue pipe leading from the furnace and hot water tank must be sealed at the chimney. Also, check to ensure that the flue pipes connecting to the furnace and hot water tank are installed correctly.

____ Every room used for living must have an adequate heat source. If the source is gas, it must be vented to the outside. If the source is electric, it must be permanently installed and controlled by a separate thermostat.

____ If the downspouts or gutters are damaged and/or missing, causing interior damage to the unit, they must be replaced or repaired. Any damage to the interior of the unit due to the missing or damaged downspouts or gutters must be repaired.

____ The unit must be free from any accumulation of garbage or debris, both inside and outside.

____ Multi-family owners must provide "refuse disposals" which can include trash cans with covers, garbage chutes or dumpsters with lids.

____ Every bedroom must have at least one openable window for ventilation, if windows are designed to open.

____ If the unit has city code violations, they must be corrected.

____ Utilities must be turned on at the time of inspection, including new units to the program.

____ The unit must be vacant at the time of inspection unless the family is leasing in place.

Section 8 Inspection Form

Family Name :
Contract # :
PHA Name : District of Columbia Housing

Census Tract : 0.00 Type : Annual
Inspector : DEFAULT DEFAULT
Insp. Date : 07/16/2010 Last On : 07/02/2010
From : 00:00 To : 00:00
Status : Scheduled

IN3QW5
IN3QW5

A - General Information

Unit Address
Street :
City-State-Zip :
District : 1 County:

Housing Type
 Manufactured Home High Rise: 5 Stories
 Single Family Detach Congregate
 Duplex or Two Family Cooperate
 Row or Town House Other
 Low Rise: 3/4 Stories including Garden Independent Group Residence

Owner Address
Owner/Agent :
Street :
City-State-Zip :
Phone :

No. of Bedrooms : 1.00

B - Inspection Checklist

Summary Decision Passed Failed Inconclusive

Item No.	1. Living Room	Passed P/F/I	Comments	Approval Date
1.1	L. R. Present			
1.2	Electricity			
1.3	Electrical Hazards			
1.4	Security			
1.5	Windows			
1.6	Ceiling			
1.7	Walls			
1.8	Floors			
1.9	Defective Paint			
1.10	Smoke Detector			
Item No.	2. Kitchen	Passed P/F/I	Comments	Approval Date
2.1	Kitchen Area			
2.2	Electricity			
2.3	Electrical Hazards			
2.4	Security			

07/15/2010
12:24:06

District of Columbia Housing Authority
Section 8 Inspection Form

Page # 2

Family Name : LAWRENCE KAZI
Contract # : VA280027
PHA Name : District of Columbia Housing

Census Tract : 0.00 Type : Annual
Inspector : DEFAULT DEFAULT
Insp. Date : 07/16/2010 Last On : 07/02/2010
From : 00:00 To : 00:00
Status : Scheduled

IN3QW5
IN3QW5

Item No.	2. Kitchen	Passed P/F/I	Comments	Approval Date
2.5	Windows			
2.6	Ceiling			
2.7	Walls			
2.8	Floors			
2.9	Defective Paint			
2.10	Stove / Range			
2.11	Refrigerator			
2.12	Sink			
2.13	Closet			
2.14	Cabinets			
2.15	Counter Tops			
Item No.	3. Bathroom	Passed P/F/I	Comments	Approval Date
3.1	Bath Presents			
3.2	Electricity			
3.3	Electrical Hazards			
3.4	Security			
3.5	Windows			
3.6	Ceiling			
3.7	Walls			
3.8	Floor			
3.9	Defective Paint			
3.10	Toilet			
3.11	Sink			
3.12	Tub / Shower			
3.13	Ventilation			
3.14	Mirror			
3.15	Closet			

Family Name : LAWRENCE KAZI
Contract # : VA280027
PHA Name : District of Columbia Housing

Census Tract : 0.00 Type : Annual
Inspector : DEFAULT DEFAULT
Insp. Date : 07/16/2010 Last On : 07/02/2010
From : 00:00 To : 00:00
Status : Scheduled

IN3QW5
IN3QW5

Item No.	3. Bathroom	Passed P/F/I	Comments	Approval Date
3.16	Cabinet			
Item No.	4. Bedroom	Passed P/F/I	Comments	Approval Date
4.1	Electricity			
4.2	Electrical Hazards			
4.3	Security			
4.4	Windows			
4.5	Ceiling			
4.6	Walls			
4.7	Floors			
4.8	Defective Paint			
4.9	Smoke Detector			
Item No.	5. Dining Room	Passed P/F/I	Comments	Approval Date
5.1	Electricity			
5.2	Electrical Hazards			
5.3	Security			
5.4	Windows			
5.5	Ceiling			
5.6	Walls			
5.7	Floors			
5.8	Defective Paint			
5.9	Smoke Detector			
Item No.	6. Hall	Passed P/F/I	Comments	Approval Date
6.1	Electricity			
6.2	Electrical Hazards			
6.3	Security			
6.4	Windows			

Family Name : LAWRENCE KAZI
Contract # : VA280027
PHA Name : District of Columbia Housing

Census Tract : 0.00 Type : Annual
Inspector : DEFAULT DEFAULT
Insp. Date : 07/16/2010 Last On : 07/02/2010
From : 00:00 To : 00:00
Status : Scheduled

IN3QW5
IN3QW5

Item No.	6. Hall	Passed P/F/I	Comments	Approval Date
6.5	Ceiling			
6.6	Walls			
6.7	Floors			
6.8	Defective Paint			
6.9	Stairs & Rails			
6.10	Smoke Detector			
Item No.	7. Other Room	Passed P/F/I	Comments	Approval Date
7.1	Electricity			
7.2	Electrical Hazards			
7.3	Security			
7.4	Windows			
7.5	Ceiling			
7.6	Walls			
7.7	Floors			
7.8	Defective Paint			
7.9	Smoke Detector			
Item No.	8. Basement	Passed P/F/I	Comments	Approval Date
8.1	Electrical Hazards			
8.2	Security			
8.3	Windows			
8.4	Walls			
8.5	Stairs & Rails			
8.6	Smoke Detector			
Item No.	9. Attic	Passed P/F/I	Comments	Approval Date
9.1	Electrical Hazards			
9.2	Windows			

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District of Columbia Housing Authority

Section 8 Inspection Form

Family Name : LAWRENCE KAZI
Contract # : VA280027
PHA Name : District of Columbia Housing

Census Tract : 0.00 Type : Annual
Inspector : DEFAULT DEFAULT
Insp. Date : 07/16/2010 Last On : 07/02/2010
From : 00:00 To : 00:00
Status : Scheduled

IN3QW5
IN3QW5

Item No.	9. Attic	Passed P/F/I	Comments	Approval Date
9.3	Walls			
9.4	Floors			
9.5	Stairs & Rails			
Item No.	10. Common Hallway	Passed P/F/I	Comments	Approval Date
10.1	Electrical Hazards			
10.2	Security			
10.3	Windows			
10.4	Ceiling			
10.5	Walls			
10.6	Floors			
10.7	Defective Paint			
10.8	Stairs & Rails			
10.9	Fire Exits			
10.10	Smoke Detector			
Item No.	11. Building Exteriors	Passed P/F/I	Comments	Approval Date
11.1	Foundation			
11.2	Stairs & Rails			
11.3	Porches			
11.4	Roofs & Gutters			
11.5	Ext. Surfaces			
11.6	Chimney			
11.7	Defective Paint			
Item No.	12. Heating / Plumbing	Passed P/F/I	Comments	Approval Date
12.1	Air-Conditioner			
12.2	Heating System			
12.3	Water Heater			

07/15/2010
12:24:06

District of Columbia Housing Authority

Section 8 Inspection Form

Family Name : LAWRENCE KAZI
Contract # : VA280027
PHA Name : District of Columbia Housing

Census Tract : 0.00 Type : Annual
Inspector : DEFAULT DEFAULT
Insp. Date : 07/16/2010 Last On : 07/02/2010
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Status : Scheduled

IN3QW5
IN3QW5

Item No.	12. Heating / Plumbing	Passed P/F/I	Comments	Approval Date
12.4	Water Supply			
12.5	Sewer System			
12.6	Faucets			
Item No.	13. General Items	Passed P/F/I	Comments	Approval Date
13.1	Access to Unit			
13.2	Fire Exits			
13.3	Infestation			
13.4	Garbage / Debris			
13.5	Refuse Disposal			
13.6	Common Walls			
13.7	Interior Halls			
13.8	Elevators			
13.9	Air Quality			
13.10	Neighborhood & Site			
13.11	Lead Paint: Certifications			
13.12	City Rental License			
13.13	Sprinkler System			

HOME NOW-FRIENDSHIP PLACE**Housing Inspection Checklist**

This form is to be used by the Home Now Case Manager to determine habitability standards of units for participants who are utilizing financial assistance to move into a new (different) permanent housing unit.

The following standards must be met:

1. Structure and materials: The structure must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
 Approved
 Deficient
2. Access: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
 Approved
 Deficient
3. Space and Security: Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
 Approved
 Deficient
4. Interior air quality: Every room must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
 Approved
 Deficient
5. Water Supply: The water supply must be free from contamination.
 Approved
 Deficient
6. Sanitary facilities: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
 Approved
 Deficient
7. Thermal environment: The housing must have adequate heating in proper operating condition.
 Approved
 Deficient
8. Illumination and electricity: The house must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire
 Approved
 Deficient

9. Food preparations and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- Approved
 Deficient
10. Sanitary condition: The housing and any equipment must be maintained in a sanitary condition.
- Approved
 Deficient
11. Fire Safety: Both conditions must be met to meet this standard.
- a. Each unit must contain at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level in the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If hearing-impaired persons occupy the unit, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
- b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each are, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
- Approved
 Deficient

The following are optional standards. If the standards are not met, participants may sign off stating that they accept the unit as is:

1. The entire unit must be freshly painted.
- Approved
 Deficient
2. No chipping or peeling paint, cracks, holes or loose plaster inside the unit.
- Approved
 Deficient
3. All ground floor windows and exterior doors shall open and close as designed and must have working locks.
- Approved
 Deficient
4. All security bars and windows must have a quick release mechanism.
- Approved
 Deficient
5. Windows and doors shall be weather tight with glass free of cracks to prevent wind, air or rain penetration.
- Approved
 Deficient
6. House or apartment shall be properly numbered or lettered with the proper illumination (lighting).
- Approved
 Deficient

- 7. There must be stepping stones or walkway to the unit.
 - Approved
 - Deficient
- 8. Weeds and grass shall be less than four inches in height.
 - Approved
 - Deficient

Certification Statement

I certify that I am NOT a HUD certified inspector and I have evaluated the property located at the address below to the best of my knowledge and find the following:

- Property meets all of the above standards.
- Property meets all of the required standards but does not meet all of the optional standards.
- Property does not meet all of the required standards.

Therefore, I make the following determination:

- Property is approved.
- Property is NOT approved.

Participant Name: _____

Street Address: _____

Evaluator's Name: _____

Evaluator's Signature

Date

By signing this I agree to accept the unit in the condition that it is in even though it may not meet the optional inspection standards.

Participant Signature

Date

Virginia Williams Family Resource Center
920 Rhode Island Avenue, N.E. Washington DC 20018 Telephone (202) 526-0017

Notice of Eligibility for Family Homeless Services

Applicant's Name _____ Date _____

1. Based on your application and information available today, you have been determined:

_____ **Eligible for Family Homeless Services**, and you have given us everything we need; **OR**

_____ **Eligible for Family Homeless Services**, but we need the following documents or information by _____ (at least 7 business days from today)

2. You must complete the full Virginia Williams Family Resource Center screening process. This will help determine appropriate referrals and services and your priority for those services.

The full screening process will:

- Assess your current housing and employment strengths, resources and needs;
- Verify and fully explore resources in the community that can help you meet your current housing needs;
- Help you determine your next steps to increase your housing and financial stability.

3. You will receive a Notice of Priority Determination when you complete the full screening process.

I understand that if I do not cooperate in the full screening process, the Virginia Williams Family Resource Center may not have the information they need to make the appropriate referral to services or to make my priority determination for services.

By signing below, I acknowledge that I received this notice. I also acknowledge that this notice and my appeal rights were explained to me.

A Copy of this Notice of Eligibility was hand delivered to the client on _____

Date

Provider's Authorized Representative's Name (printed), Signature and Title _____

Date

Client Name (printed) and Signature _____

Date

Witness Name (printed) and Signature (If Client Refused to Sign) _____

Date

DO NOT MODIFY THIS NOTICE
Official document developed in accordance with the Homeless Services Reform Act of 2005 (10/31/14)

Your Right to Appeal Your Eligibility Decision for Family Homeless Services

If you disagree with our decision to determine you eligible for Family Homeless Services, you can appeal through a Fair Hearing. Before the Fair Hearing, you have a right to an Administrative Review. The Administrative Review is optional and less formal than a Fair Hearing. If you want, you can choose to have both.

To Request a "Fair Hearing", you need to:

- Call the Office of Administrative Hearings, at 442-9094 *or* send in your request in writing to the Office of Administrative Hearings, 441 4th Street, N.W., Suite 450 North, Washington, D.C. 20001; **OR**
- Call the Family Services Administration, at 698-4170, or send in your request in writing to the Family Services Administration, 64 New York Avenue, N.E., Washington, D.C. 20002.

To Receive an "Administrative Review":

- You do not need to file a separate request for an Administrative Review. Once you request a Fair Hearing, you will automatically be offered an opportunity for an Administrative Review by the Family Services Administration.
- A notice will be sent to you notifying you of the time, date, and place for the Administrative Review.
- If you do not appear at the Administrative Review, you will still have a Fair Hearing. The Office of Administrative Hearings will send you a notice telling you the time, date and place for the Fair Hearing.

At Your Fair Hearing or Administrative Review:

- You have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

Free legal representation may be available from:

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 OR (202) 561-8587*

Discrimination claims:

- If you think you have been discriminated against because of your race, religion, color, sex, national origin, disability, personal appearance, age, marital status, sexual orientation or another basis, you may call the D.C. Office of Human Rights at 727-4559 within 365 days of the act.

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 (10/31/14)

Virginia Williams Family Resource Center
920 Rhode Island Avenue, N.E. Washington DC 20018 Telephone (202) 526-0017

Notice of Ineligibility for Shelter

Applicant's Name _____ **Date** _____

1. The District of Columbia (District) Department of Human Services (DHS) Family Services Administration (FSA) Virginia Williams Family Resource Center (VWFRC) received your application for shelter dated _____.
2. VWFRC has determined that you do not meet the DHS eligibility requirements for shelter, and therefore your application for shelter is denied. Specifically, VWFRC determined that:
 - You refused to provide necessary documentation or information to determine or verify eligibility.
 - You are not homeless or at imminent risk of homelessness. (D.C. Official Code § 4-753.02(a)(1)).
 - You are not a resident of the District of Columbia (D.C. Official Code § 4-753.02(a)(2)).
 - Other: _____
3. Your Interim Eligibility Placement will end at _____ a.m./p.m. on _____.
(This date must be 48 hours or at the close of the next business day, whichever occurs later, following receipt of this notice.)
4. This action is being taken pursuant to Section 8 of the Homeless Services Reform Act of 2005, effective October 23, 2005 (D.C. Law 16-35; D.C. Official Code §§ 4-751.01, *et seq.*), as amended by the Interim Eligibility and Minimum Shelter Standards Emergency Act of 2015, effective November 30, 2015 (D.C. Act 21-217), and all subsequent amendments.
5. Specifically, the factual basis for this action (including dates) is:

(If you need additional space, please attach a separate sheet.)

6. If you disagree with this decision, you have the right to appeal this decision by requesting a Fair Hearing with the District Office of Administrative Hearings (OAH) upon receiving this notice, by telephone, mail, or in person at:

**D.C. Office of Administrative Hearings,
441 4th Street, Ste. 450N, Washington, D.C. 20001,
(202) 442-9094**

7. You are eligible for a continuation of your interim eligibility placement if you request a Fair Hearing within 48 hours or before the close of the next business day, whichever occurs later, upon receiving this notice.

By signing below, I acknowledge that I received this notice. I also acknowledge that this notice, and my appeal rights were explained to me.

A Copy of this Notice of Ineligibility was hand-delivered to the client on _____

	Date/Time
_____ Provider's Authorized Representative's Name (printed), Signature and Title	Date
_____ Client Name (printed) and Signature	Date
_____ Witness Name (printed) and Signature (If Client Refused to Sign)	Date

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005, as amended (5/23/2016)

Your Right to Appeal

If you disagree with our decision that you are ineligible for shelter, you can appeal through a Fair Hearing following the receipt of this notice, and you have a right to continuation of interim eligibility placement pending the outcome of a Fair Hearing that is requested within 48 hours or before the close of the next business day, whichever occurs later, following receipt of this notice.

To Request a Fair Hearing, you need to:

- Call the Office of Administrative Hearings at (202) 442-9094 or send in your request in writing to the Office of Administrative Hearings, 441 4th Street, N.W., Suite 450 North, Washington, D.C. 20001; OR
- Call the Family Services Administration at (202) 698-4170 or send in your request in writing to the Family Services Administration, 64 New York Avenue, N.E., Washington, D.C. 20002.

To Receive an Administrative Review:

- Once you request a Fair Hearing, DHS will conduct an Administrative Review of your appeal, which cannot be waived, to determine the legal validity of your appeal, and if possible, reach an informal resolution. You do not need to file a separate request for an Administrative Review.
- A notice will be sent to you by mail or e-mail notifying you of the time, date, and place for the Administrative Review.
- An Administrative Review will be completed prior to a Fair Hearing, unless the Office of Administrative Hearings grants a Fair Hearing prior to the completion of the Administrative Review to determine whether proper notice was given pursuant to D.C. Official Code §4-754.33, other than a notice of an emergency action.
- If you do not appear at the Administrative Review, you will still have a Fair Hearing. The Office of Administrative Hearings will send you a notice telling you the time, date and place for the Fair Hearing.

At Your Fair Hearing or Administrative Review:

- You have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

Free legal representation may be available from:

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 or (202) 561-8587*

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005, as amended (5/23/2016)

Virginia Williams Family Resource Center
920 Rhode Island Avenue, N.E. Washington DC 200018 Telephone (202) 526-0017

Notice of Interim Eligibility Placement

Applicant's Name _____ **Date** _____

1. Based on your application and information available today, you are being provided with an **Interim Eligibility Placement (IEP)** pursuant to the Homeless Services Reform Act of 2005, effective October 23, 2005 (D.C. Law 16-35; D.C. Official Code §§ 4-751.01, *et seq.*), as amended by the Interim Eligibility and Minimum Shelter Standards Emergency Act of 2015, effective November 30, 2015 (D.C. Act 21-217), and all subsequent amendments.

An IEP is a short-term placement, that shall not exceed twelve (12) calendar days for families, for the purpose of providing Virginia Williams Family Resource Center (VWFRC) staff additional time to assess whether a family is eligible for homeless services, including shelter placement.

2. A case manager with the VWFRC Solutions Team will contact you. You are expected to maintain contact with your assigned case manager and assist him/her in gathering information that will assist him/her in determining your eligibility for shelter services. **Failure to cooperate with your assigned case manager, including failing to provide truthful and accurate information or refusing to provide documentation or information needed to determine or verify eligibility, may result in a denial of homeless services, including shelter placement.**
3. Your IEP is approved for three (3) calendar days from the date on this notice. The IEP time period may be extended for no greater than twelve (12) calendar days if your assigned case manager requires additional time to determine your eligibility for homeless services.
4. During the IEP period, an eligibility determination will be made. If you are determined eligible for homeless services, you will receive a Notice of Eligibility. You shall follow the instructions in that notice.
5. If you are determined ineligible for homeless services, you will receive a Notice of Ineligibility. You have the right to appeal the denial with the D.C. Office of Administrative Hearings in accordance with the instructions in the Notice of Ineligibility.
6. If VWFRC is unable to determine eligibility for homeless services during the IEP period, you will be placed in shelter as if you were determined eligible for homeless services

By signing this, I am admitting only that I received a copy of this Notice.

Client Signature Date

Witness Name (printed) and Signature (If Client Refused to Sign) Date