

EAST TAWAS SECTION 8, NORTH TOWER APPLICATION

East Tawas Housing Commission
 Bay Park NORTH Tower
 304 W. Bay Street, East Tawas, MI 48730
 989.362.4963 or 989.362.8561
 Fax: 989.362.0225

For Office Use Only Date/Time Application Received _____AM/PM Received By: _____

Preferred Unit Size: 1BR ()

Please check your selection, you may select as many or few as you would like. However, your application will not be processed for unit sizes for which your household does not qualify for.

You must complete this application in its entirety. Do not leave any blank spaces, Write "N/A" or "NONE" for any questions that does not apply to your household.

Application Information:

Last Name:	First Name: MI	Date of birth	Gender (optional)
Social Security Number	Maiden Name/Other Names used:	Marital Status (optional)	Student Status
Daytime Phone No: ()	Cell Phone No: ()	Email Address:	
Current Mailing Address:			
Current Physical address if different from mailing address:			

Co-Applicant:

Last Name:	First Name: MI	Date of Birth	Gender (optional)
Social Security Number:	Maiden Name/Other Names used:	Marital Status (optional)	Student Status

Other Occupant(s):

List all others who will live in the unit, including unborn children. No person is to live in the unit with you that is not listed on the application.

Full Name:	Date of Birth	Social Security Number:	Gender (optional)	Relationship to Applicant	Student	
					YES	NO



Equal Housing Opportunity
 Equal Opportunity Employer



Use additional sheets should you need to add more people:

Current Housing

Your current Housing situation is best described as:

<input type="checkbox"/> Standard	<input type="checkbox"/> Substandard	<input type="checkbox"/> Without or soon to be without housing
<input type="checkbox"/> Conventional	<input type="checkbox"/> Public Housing/Voucher	<input type="checkbox"/> Fleeing or attempting to flee violence

Household History

Please circle ALL STATES where you or any household member has lived:

Alabama	Georgia	Maine	Nevada	Oregon	Virginia
Alaska	Hawaii	Maryland	New Hampshire	Pennsylvania	Washington
Arizona	Idaho	Massachusetts	New Jersey	Rhode Island	West Virginia
Arkansas	Illinois	Michigan	New Mexico	South Carolina	Wisconsin
California	Indiana	Minnesota	New York	South Dakota	Wyoming
Colorado	Iowa	Mississippi	North Carolina	Tennessee	District of Columbia
Connecticut	Kanas	Missouri	North Dakota	Texas	Puerto Rico
Delaware	Kentucky	Montana	Ohio	Utah	
Florida	Louisiana	Nebraska	Oklahoma	Vermont	

Criminal History:

Are you or any member of your household subject to Lifetime Sex Offender Registration in any State?	Yes	No
If so, please explain what degree and state.		

Using the numbers below, indicate whether you or any member of your household have been arrested or convicted of any crimes listed below.

1. Rape/Sexual Assault/Child Molestation	6. Assault	11. Fraud
2. Homicide/Murder/attempt of	7. Drug Trafficking/Use/Possession	12. Prostitution
3. Burglary/Larceny/Robbery	8. Child Abuse/Domestic Violence	13. Trespassing
4. Treats/Harassment/Stalking	9. Public Intoxication/Drunk & Disorderly	14. Other
5. Destruction of property/Vandalism	10. Receiving stolen good	

Member Name:	Crime # from Above	Current Status or Disposition and date

Special Unit Requirement(s) Questionnaires:

All applicants with a disability may qualify for a reasonable accommodation in order to participate in the application process and they have the right to request such an accommodation.

Do you or any member of your household have a condition that requires:

A Separate bedroom
 Unit for Vision Impaired
 Physical Modification to a typical Unit
 A Barrier Free Unit
 Unit for Hearing impaired
 Any other accommodations

If you check any of the above listed categories of units, please explain what you need to accommodate your situation.



Who should be contacted to verify the need for the features you have identified above?

Name:
 Address:
 Phone Number:

Student Status:

Are you or anyone else in your household a student?	Yes	No
Are ALL household members FULL TIME students?	Yes	No
Are any student(s) under age 24 AND enrolled in an institute of higher learning?*	Yes	No
*Exemptions must be met to qualify for Tax Credit Unit.		
** Exemptions must be met to qualify for HUD rental assistance		

List all Students Here:

Household Member	Institution:	Status	
		Yes	No

Household information:

Are you displaced by government action or a Federal Declared disaster?	Yes	No
Is anyone in your household currently receiving HUD rental assistance?	Yes	No
Please explain:		
Do you anticipate an additional person residing with you in the unit in the next 12 months?	Yes	No
Please explain:		
Is there anyone living with you now who will NOT be living with you in the unit?	Yes	No
Please explain:		
Do you have full custody of your child(ren)?	Yes	No
Have you or any member of your household been evicted or had your lease terminated	Yes	No
Are all members of your household United States Citizens or eligible to receive benefits?	Yes	No
If you or any member of your household was 62 years or older on 01.31.2010 and do not have a social security number, were you/they receiving HUD rental assistance somewhere else?	Yes	No
If so, please explain:		

Residential History (attach additional pages if necessary):

Current Address:

Street Address:	City:	State:	Zip code:
How long residing:	Do you Rent or Own?	Monthly Rent/Mortgage amt?	Reason for leaving?
Landlord Name:	Landlord Phone No:	Landlord Address:	



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Previous Address:

Street Address:	City:	State:	Zip code:
How long residing:	Do you Rent or Own?	Monthly Rent/Mortgage amt?	Reason for leaving?
Landlord Name:	Landlord Phone No:	Landlord Address:	

Co-Applicant current address:

Street Address:	City:	State:	Zip code:
How long residing:	Do you Rent or Own?	Monthly Rent/Mortgage amt?	Reason for leaving?
Landlord Name:	Landlord Phone No:	Landlord Address:	

Co-Applicant Previous address:

Street Address:	City:	State:	Zip code:
How long residing:	Do you Rent or Own?	Monthly Rent/Mortgage amt?	Reason for leaving?
Landlord Name:	Landlord Phone No:	Landlord Address:	

Medical Expenses: The following medical information applies ONLY to household whose head of household, spouse or co-head are elderly (62 or older) or persons with disabilities:

Do you or any member of your household have any medical expenses that are paid directly by you? (co-pays, insurance premiums, dental procedures, eye care etc.		Yes	No
If Yes, please list any medical expenses you anticipate during the next 12 months:			
Household Member Name:	Provider (Dr., Insurance, Pharmacy, etc.)	Estimated annual cost :	



Preference List :

Do you currently live in the City of East Tawas or Tawas City?	Yes	No
Do you currently live in Iosco County?	Yes	No
Do you currently live in the State of Michigan?	Yes	No
Are you currently age 62 or older?	Yes	No
Are you currently 55 or older?	Yes	No
Are you currently handicap/Disabled?	Yes	No
Are you a Veteran?	Yes	No
Are you currently homeless?	Yes	No
Are you currently working a minimum of 15 hours per week? Currently unemployed AND receiving unemployment compensation benefits regardless of current housing status?	Yes	No
Are you a NON-SMOKER?	Yes	No

Income information for all household members:

In the next 12 months, do you or anyone in your household receive or expect to receive income from the following sources?

Employment/wages:	Yes	No
Self-employment or Business Income	Yes	No
Social Security/SSI or SSDI	Yes	No
State Supplemental Income (SOM \$42 quarterly or \$168.00 annually)	Yes	No
Pension/Retirement/Annuity	Yes	No
Veteran's Benefits	Yes	No
Unemployment Compensation	Yes	No
Public Assistance/TANF/ADFC general Assistance (not SNAP or Food Benefits)	Yes	No
Child Support	Yes	No
Alimony	Yes	No
Insurance Settlement Payments	Yes	No
Worker's Compensation	Yes	No
Regular Payment or financial help from anyone outside your household	Yes	No
Regular Payments from inheritance	Yes	No
Regular payment from lottery winnings	Yes	No
Income from rental property or real estate	Yes	No
Student Financial Aid	Yes	No
Other income not listed above	Yes	No
If so, please explain:		

For all sources of income checked, YES above, please complete the following information. Use gross amount before any deductions. All income will be verified when your application is processed.

Household Member Name	Source of income (see above)	Annual/monthly or weekly amount



**** To be completed only with respect to those handicapped/disabled ****

{Pursuant to the Federal Fair Housing Act with respect to Disabilities and Reasonable Accommodation, this form must be provided to all applicants who apply for Housing assistance}.

REQUEST FOR REASONABLE ACCOMMODATION

Do you have a medical condition that requires a reasonable accommodation? Yes No
If 'no' – no further information is required. If 'yes', please provide the following information:

Applicant Name _____ Date _____ Phone _____

Current Address _____ City _____ Zip _____

Please state the nature of your request: _____

Is there anyone willing to pay for these modifications? (Circle one)

Yes; If yes, specify _____
No

I understand that additional documentation may be requested by the Housing Commission to support this request.

Applicant Signature _____

Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act (“VAWA”)? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact **East Tawas Housing Commission 304 W Bay Street, East Tawas, MI 48730** or go to <https://easttawashousingcommission.com/>. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*¹ includes the following HUD programs:
 - Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

¹ For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
 - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
 - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, **East Tawas Housing Commission 304 W Bay Street, East Tawas, MI 48730** or go to <https://easttawashousingcommission.com/>. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing. For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing. If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. **BUT** the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact **East Tawas Housing Commission 304 W Bay Street, East Tawas, MI 48730** or go to <https://easttawashousingcommission.com/>. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting HUD Detroit Field Office 477 Michigan Avenue, Detroit, MI 48226. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

Need further help?

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact **Legal Services of Eastern Michigan 436 S. Saginaw Street, Ste. 101, Flint MI 48502, Toll Free (800) 322-4512**.

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.