Marsh Properties

PO Box 1213, Casper, WY 82602
Marshproperties82@gmail.com
Phone: 307-251-2996

APPLICATION & RESIDENT SELECTION INFORMATION

Note to applicant: This cover page is for you to retain in reference to our resident selection criteria.

Completed, signed applications should be returned to: MARSH PROPERTIES

E-mail: marshproperties82@gmail.com
Office/**Drop Box**: **310 N Center St.**, Casper, WY 82601
Or – By Mail to: PO Box 1213, Casper, WY 82602

- ***Each adult (anyone 18 and older) must complete and sign the application**
- **NO Application Fee** –download **Low Income Application** at: https://**marshproperties.net**

The application **must be signed** and the following **must be included** for the application to be accepted:

- Copy of valid government-issued photo identification (ID/ Driver License) for all occupants, 18 & older.
- Copy of Social Security card, Driver License/State ID, or Birth Certificate for ALL occupants.
- Verification(s) of all income including Wages, SSI/SSDI, public assistance (AFDC, TANF, etc.)
- Verification(s) of all assets including bank accounts, property, settlements, life insurance, other assets, etc.
- Other items as determined during application review

Once received, applications are dated & reviewed for completeness. A pre-eligibility determination will be made based upon the information contained in the application. **We do not process incomplete applications.**

Eligibility will be determined based upon the following factors:

- The applicant(s) meet the income criteria.
- References (i.e. employer, current & former landlords) will be contacted to verify employment, length of time on the job and verify rental history & rental payment history.
- A Credit & Criminal background check will be obtained and reviewed.
- NO prior Eviction/F.E.D. ; NO registered sex offenders ; No prior manufacturing/distribution of a controlled substance.

Applicants will be notified in writing within ten (10) business days of receipt of a *complete* application as to the acceptance or denial of this application.

If no unit is available at the time of acceptance, applicant's name will be placed on the waiting list.

Notice of Occupancy Rights under the Violence Against Women Act: https://www.hud.gov/VAWA

Marsh Properties is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

USDA is an equal opportunity provider, employer and lender.
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights,
1400 Independence Ave., S.W., Washington D.C. 20250-9410
Or call (800)795-3272 (voice) or (202)720-6382 (TDD)

APPLICATION FOR HOUSING AT: 310 N Center // 828 E 4th // 1021-1041 S Wisconsin

Applications for 842 E Yellowstone *(SRO: Casper Single Room Occupancy) go through* ***http://chaoffice.org***

SMOKING AND/OR VAPING ARE NOT PERMITTED IN ANY APARTMENT OR STRUCTURE ON THE PREMISES

Please Return Application to:
310 N. Center - Office
or
PO Box 1213
Casper, WY 82602
or
Email to:
marshproperties82@gmail.com

OFFICE USE ONLY

Date Rec'd		**Annual Income**		**# Occupants**	
Time Rec'd		**Set Aside %**		**App. Fee Paid:**	
Manager Signature:				**Background Check Run:**	
				Application COMPLETE:	

NOTE TO APPLICANT: For us to determine your eligibility or continued eligibility, you must provide ***all*** information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the housing program. ***Providing false information may result in loss of your housing.***

Applicant Name:		Home Telephone Number: ( )
Mailing Address:	Apartment Number:	City, State, Zip Code:
Email Address:	Apartment size requested:	

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest. **Last Name, First Name**	Relation-ship to Head of Household	Birth Date	Age	Social Security Number	VOLUNTARY HUD TENANT DATA COLLECTION*			
					Race	M/F	Ethnicity	Disabled
1.	Head							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

VOLUNTARY HUD TENANT DATA COLLECTION

Race	**Gender**	**Ethnicity**	**Disability**
1 = American Indian or Alaska Native	M = Male	Hispanic or Latino = 1	Y = Yes
2 = Asian	F = Female	Not Hispanic or Latino = 2	N = No
3 = Black or African American	*General Instructions: This section is to be completed by applicants and residents in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/resident the option to complete this section. There is no penalty for persons who do not wish to complete this form. However, the owner or agent will place a note in the tenant file stating the applicant//resident refused to complete the form. Parents or guardians are to complete the form for children under the age of 18. The Office of Housing has been given permission to use this section for gathering race and ethnic data in assisted housing programs.		
4 = Native Hawaiian or Other Pacific Islander			
5 = White			
6 = Other			
7 = N/A or do not wish to answer			

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home. Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

	Does anyone in the household receive the following:	Yes	No	If yes, who receives the income?	What is the gross monthly amount?	Employer Agency Contact Person	Phone / Fax
1.	Wages through employment	❑	❑				
	Wages through employment	❑	❑				
	❑ Check here for additional employment						
2.	Unemployment Benefits	❑	❑				
3.	Self Employment Income	❑	❑				
4.	Military Pay	❑	❑				
5.	Workman's Compensation	❑	❑				
6.	Severance Pay	❑	❑				
7.	Retirement Income	❑	❑				
8.	Pension Income	❑	❑				
9.	Social Security	❑	❑				
10.	Supplemental Security Income (SSI)	❑	❑				
11.	Veteran Affairs Benefits (VA)	❑	❑				
12.	Public Assistance (AFDC/TANF)	❑	❑				
13.	Child Support	❑	❑				
14.	Alimony	❑	❑				
15.	Family Support/Recurring Gift	❑	❑				
16.	Annuities	❑	❑				
17.	Insurance Policy Income	❑	❑				
18.	Disability or Death benefits (*other than SSI*)	❑	❑				
19.	Per Capita	❑	❑				
20.	Permanent Fund Dividend (PFD)	❑	❑				
21.	Income from Rental Property	❑	❑				
22.	Other Sources of Income	❑	❑				

23.	**a. Does anyone expect any changes in income within the next 12 months?**	❑	❑	**b. If yes, what changes are expected?**
24.	a. Does any adult member have zero income?	❑	❑	b. If yes, which member(s)?
25.	a. PREVIOUS Employment: Please list any jobs held in the past 12 months. b. If NONE, check here ❑.	c. Please list the adult(s): d. Place of Employment: e. Gross monthly income: f. Dates Employed:		

ASSET INFORMATION

Please read each question carefully, answer each question completely and be prepared to verify items checked yes. The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

	Does anyone in the household have any of the following:	Yes	No	If yes, who owns the asset?	If yes, what is the current cash value?	Account Number	Bank Name and contact information
26.	Checking (Current Stmt)	❑	❑				
27.	Savings (Current Stmt)	❑	❑				
28.	Re-loadable income card	❑	❑				
29.	Cash on hand	❑	❑				
30.	Certificates of Deposit (CD)	❑	❑				
31.	Money Market Funds	❑	❑				
32.	Stocks/Bonds	❑	❑				
33.	Treasury Bills	❑	❑				
34.	IRA/Keogh Accounts	❑	❑				
35.	Company Retirement Accounts	❑	❑				
36.	Pension Funds	❑	❑				
37.	Trust Accounts	❑	❑				
38.	Cash held in a safety deposit box, etc.	❑	❑				
39.	House / Real Property	❑	❑				
40.	Rental Property	❑	❑				
41.	Life Insurance	❑	❑		❑ Term ❑ Whole: If whole life: Value:_____		
42.	Other investments	❑	❑				
43.	Anyone in the household disposed of any assets in the last two years?	❑	❑	Explain:			
44.	Inheritance	❑	❑				
45.	Lottery Winnings	❑	❑				
46.	Insurance Settlements	❑	❑				
47.	Workman's Compensation Settlement	❑	❑				
48.	Social Security Settlement	❑	❑				
49.	Unemployment Compensation Settlement	❑	❑				
50.	VA Disability Settlement	❑	❑				
51.	Severance Pay	❑	❑				
52.	Capital Gains	❑	❑				
53.	Other	❑	❑	Explain:			

ADDITIONAL INFORMATION

		Yes	No
54.	Do you anticipate any changes in the size of your household *within the next 12 months*?	❑	❑
55.	Will anyone under age 18 listed on this application live in the unit *less than* 50% of the time in the next 12 months? If so, **who**?	❑	❑
56.	Does any member in your household have a disability and require a live-in care attendant?	❑	❑
57.	Is any adult member of your household separated, but not divorced?	❑	❑
58.	Will your household be receiving Section 8 rental assistance at the time of move in?	❑	❑
59.	Will your household be eligible / are you applying to receive section 8 assistance in the next 12 months?	❑	❑
60.	a. Have you or any member of the household ever been arrested? If yes, **who**?	❑	❑
	b. Did the arrest result in a conviction? ❑ Misdemeanor ❑ Felony	❑	❑
61.	Have you or any member of the household **ever been evicted** from any housing?	❑	❑
62.	Have you or any member of the household ever filed for bankruptcy? When?	❑	❑
63.	Is there any reason you would not be able to take an apartment when one is available?	❑	❑
64.	After moving in, will you have any *other* primary place of residence? Where?	❑	❑
65.	Do you or any member of the household own your own home?	❑	❑
66.	Are you in the process of selling a home?	❑	❑

HOUSING INFORMATION

Current Landlord		**Prior Landlord**	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
How long?		How long?	

In Case of Emergency, Notify:		**How did you hear about us?**	
Name:		□ online advertising	□ newspaper
Address:		□ referral	□ flyer
Phone:		□ drive-by/signage	□ other:_____
Relationship:			

I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted income units. Federal regulations require that in order for a household to be eligible for this type of housing, the income of the household, as well as their assets, must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. **I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.** I/We understand I/We must pay a security deposit for this apartment prior to occupancy.

ALL ADULTS LISTED ON THIS APPLICATION MUST SIGN AND DATE BELOW:

(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)
(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)
(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)

STUDENT STATUS FORM

(Each adult household member must sign the student status form)

A **full-time student** is any individual who is currently enrolled in an educational institution (elementary school or higher) on a full-time basis, expects to be enrolled within the next 12 months, or has been enrolled on a full-time basis for at least 5 months (consecutive or not) out of the current calendar year.

List everyone living in the apartment as listed on page 1 of this application.

Household Member		Name	**NOT** a Student	**Student**		**Expects to become a student** within 12 months	If part or full time student, school attending:
				Part Time	Full-Time		
1.	Head		☐	☐	☐	☐	
2.			☐	☐	☐	☐	
3.			☐	☐	☐	☐	
4.			☐	☐	☐	☐	
5.			☐	☐	☐	☐	
6.			☐	☐	☐	☐	
7.			☐	☐	☐	☐	
8.			☐	☐	☐	☐	

A) For any household member that checked Part-time or Full-time student above:

Is that household member?		Yes	No
1.	Married and living with spouse		
2.	A single parent living with a dependent child?		
3.	A veteran of any branch of the United States Military?		
4.	Eligible to receive Section 8 assistance and has parents that are eligible to receive Section 8 assistance?		
5.	Living with a parent who is receiving Section 8 assistance?		

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. **The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and may be subject to criminal penalties. I also understand that I am to immediately report any changes in my student status to the management.** I understand that changes in my student status may affect my eligibility to participate in this program.

(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)
(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)
(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)

AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name:		**Applicant/ Resident Name:**	
Applicant/ Resident Name:		**Applicant/ Resident Name:**	

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC, HOME, or RD programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants / residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the information needed, please do not hesitate to telephone our leasing office at the number given above.

THIS SECTION TO BE COMPLETED BY APPLICANT / RESIDENT

I/We hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to said property above for purposes of verifying information on my/our housing rental application.

TERMS AND CONDITIONS
I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or childcare allowances, and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a Qualified Resident.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider
- Departments of Health
- Medicaid/Medicare Offices
- Division of Healthcare Financing
- Public Assistance Agencies

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect until revoked in writing and submitted to said property above.

Applicant/Resident Signature	***Date***	***Social Security Number***
Applicant/Resident Signature	***Date***	***Social Security Number***
Applicant/Resident Signature	***Date***	***Social Security Number***

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7) and (8).**

MARSH PROPERTIES
PO BOX 1213 CASPER, WY 82602**307-251-2996**
marshproperties82@gmail.com

Landlord Reference Form / Rental Verification

Landlord's Name / Phone / Email:_____

APPLICANT(s) NAME(s) _____,
listed herein, requests and authorize(s) the release of the following information to Marsh Properties to verify current or prior tenancy located at any current or previous rental, which may include (LIST PRIOR ADDRESS(ES):

_____.

X_____ X_____
(Tenant Signature) **(Tenant Signature)**

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE LANDLORD ONLY* .

Is Tenant currently renting from you? : ____Yes _____ No Monthly Rent Amt: :$_____

Is Tenant a personal friend, or related to you?: _____Yes _____No How are you related?: _____

Lease Dates - From: _____ To: _____ Is Tenant current with all rent payments: _____Yes _____No

Did the tenant ever pay rent late? ____Yes _____No How many times? _____ Ever 30+ Days late? _____Yes _____No

Amount Owed: $ _____ Reason given for being late?: _____

Were there ever unauthorized individual(s) living in the unit? _____Yes _____No

Did Tenant have any animal(s)? ____Yes ____No How Many? _____ Type/Size? _____

Was animal approved? ____Yes ____No Pet Waste Removed Regularly? _____Yes _____No

Did the applicant give you adequate notice to vacate? _____Yes _____No

Did Tenant have any lease violation notices at any time during the tenancy? _____Yes _____No / What were the reasons:

_____

Were there ever any legal issues (including eviction) or property damage? ____Yes _____No / What were the issues/damages?

_____

Would you rent to this Tenant again? _____Yes _____No / Please explain: _____

_____.

Additional Comments: _____

I am the: _____ Property Owner _____ Property Manager _____ Friend of the Applicant

I certify as the Tenant's current /previous Landlord, I have answered truthfully and to the best of my ability.

_____ _____
Printed Name **Date** **Signature** **Phone #**

_____ _____
Company Name **Address** **City/State/Zip** **Email Address**

Landlord: Please Send this completed form to us via Email: marshproperties82@gmail.com
Questions? 307-251-2996 Mailing Address: **PO Box 1213, Casper, WY 82602**

EMPLOYMENT VERIFICATION

E M P L O Y E R

TO: (Name & Address of Employer)

_____

_____

_____

_____

FROM: (Name & Address of Owner/Management Agent)

MARSH PROPERTIES

PO BOX 1213

CASPER WY 82602

ATTN: STACEY

Email: marshproperties82@gmail.com

RE: TENANT : _____
Applicant/Tenant Name

Contact STACEY at (307) 251-2996

_____
Unit Number (Optional)

Thank you for your prompt response. All information is confidential.

PERMISSION FOR RELEASE OF INFORMATION

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

X _____ _____
Signature of Applicant/Tenant Date

<> <>

THIS SECTION TO BE COMPLETED BY EMPLOYER

* *Employer, please fill in **all** blanks. Enter N/A if an item is not applicable to the above employee.* *

Employee Name: _____ Job Title: _____

Presently Employed: Yes ____ Date First Employed _____ No ____ Last Day of Employment _____

Current gross wages/salary: $ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

Average # of regular hours per week: _____

Overtime Rate: $ _____ per hour Average # of overtime hours per week (not included in regular hours): _____

Shift Differential Rate: $ _____ per hour Average # of shift differential hours per week (not included in regular hours): _____

Commissions, bonuses, tips, other: $ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

Complete only if above wage data is unavailable: Year-to-date earnings: $_____ From __/_____/_____through __/_____/_____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

Is the employee's work seasonal or sporadic? Yes ____ No ____ If yes, indicate the average number of weeks in the layoff period(s): _____

Does this employee have a 401(k), 403(b), or other retirement account? Yes ____ No ____ If yes, can the employee withdraw the funds in this account? Yes ____ No ____ What is the appropriate agency/contact information to verify retirement account information? _____

_____

Additional remarks: _____

Signature: X _____ Date: _____

Print Your Name: _____ Tel. #: _____

Title: _____ Email: _____

Company Name: _____

Address: _____

_____

*EMPLOYER: Return by email to MarshProperties82@gmail.com

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8)

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 Casper Housing Authority 307-266-1388, or visit https://www.hud.gov/program_offices/administration/hudclips/forms/hud5 or go to You can read translated VAWA forms at . 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

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,
Contact Marsh Properties office at 307-251-2996. You may visit our office in person at:
310 N Center St - OFFICE (next to apartment #5), Casper, WY 82601 . 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.

NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

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 Marsh Properties 310 N Center St - OFFICE (next to apt 5) or call 307-251-2996 . 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 Casper Housing Authority 307-266-1388 . You can also find additional information on filing VAWA complaints at and . To file a VAWA complaint, visit .

Need further help?

- For additional information on VAWA and to find help in your area, visit
- To talk with a housing advocate, contact Casper Housing Authority 307-266-1388

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.

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

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact Marsh Properties 307-251-2996 https://www.hud.gov/program_offices/administration/hudclips/forms/hud5 or go to Casper Housing Authority . You can read translated VAWA forms at . 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).

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. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit [illegible]. To speak with a housing advocate, contact Casper Housing Authority 307-266-1388

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

1. **Name(s) of victim(s):** _____
2. **Your name** *(if different from victim's)*: _____
3. **Name(s) of other member(s) of the household:** _____

   _____
4. **Name of the perpetrator** *(if known and can be safely disclosed)*: _____
5. **What is the safest and most secure way to contact you? (You may choose more than one.)**

   If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

   ☐ Phone Phone Number: _____

   Safe to receive a voicemail: ☐ Yes ☐ No

   ☐ E-mail E-mail Address: _____

   Safe to receive an email: ☐ Yes ☐ No

   ☐ Mail Mailing Address: _____

   Safe to receive mail from your housing provider: ☐ Yes ☐ No

   ☐ Other Please List: _____
6. **Anything else your housing provider should know to safely communicate with you?**

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

_____ _____

Signature **Date**