Dear Section 8 participants:

The Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162), (VAWA), was signed into law January 05, 2006, and is now in force. The primary objective of VAWA is to reduce violence against women who are victims of abuse. This includes families participating in the HUD Section 8 Housing Choice Voucher program. This law prohibits the eviction of victims of domestic violence if the violence is the sole reason for the eviction. Although the title of the law appears to make it applicable only to protect women, it actually protects children and male victims as well.

What this means to you as a tenant is that if you are being evicted due to acts of domestic violence including disturbing the neighbors or damages to the unit, and if you sign a certification that you are a victim of domestic violence, the landlord can only proceed with the eviction against the abuser, not the remainder of the family. The victim must complete a certification form which is available in our office, and return it within 14 business days, stating that they are a victim and stating the name of the abuser. The victim may be required to provide official documentation or physical proof. In lieu of the certification, the victim may provide documentation by:

1. A Federal, State, tribal, territorial, or local police or court record; or
2. Documents signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence. The professional must attest under penalty of perjury to their belief that the incidents in question are bona fide.

If the victim does not provide the certification and/or verification, the landlord may proceed with the eviction against the whole family.

PLEASE BE AWARE THAT THIS DOES NOT LIMIT AN EVICTION DUE TO ANY LEASE VIOLATION NOT BASED ON AN ACT OF VIOLENCE AGAINST A FAMILY MEMBER, OR AN EVICTION BECAUSE THE OCCUPANT CAN BE DEMONSTRATED TO POSE AN ACTUAL OR IMMINENT THREAT TO OTHER TENANTS OR THE PROPERTY’S EMPLOYEES.

If you have any questions, or would like guidance in situations covered under VAWA, you may contact our office at (707) 428-7392.

Safequest Solano (707) 557-6600; Fairfield Police Department Domestic Violence Unit (707)429-HELP; and Lift3 Support Groups (707)398-6865

Si usted requiere este boletín de noticias en español, por favor de llamar Angelica Rosario al numero (707) 429-6287.
Fairfield Housing Authority

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.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 calendar days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively “domestic violence”) under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):
(1) A Federal, State, tribal, territorial, or local police or court record; or
(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional’s belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

___________________________________________________________________________________________

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _________________________________

Name of the Victim of Domestic Violence: ___________________________________________

Name(s) of other family members listed on the lease ___________________________________

___________________________________________________________________________________________

Name of the abuser: ________________________________________________________________

Relationship to Victim: _____________________________________________________________

Date the incident of domestic violence occurred: _________________________________

Time: _________________________________

Location of Incident: _________________________________

___________________________________________________________________________________________
Name of victim: ________________________________________________________________

Description of Incident:

Description of Incident: [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 or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _______________________________________  Executed on (Date) ___________________________________

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.