



**HOUSING APPLICATION**

<b>ROBINWOOD APARTMENTS</b>			
<b>Date</b>	<b>Time</b>	<b>Race Status:</b>	<b>Ethnic Status:</b>
<b>Name</b>		White <input type="checkbox"/> Asian <input type="checkbox"/>	Hispanic <input type="checkbox"/>
<b>Address:</b>		Black <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>
<b>Phone:</b>	<b>Work/Cell:</b>	Native American <input type="checkbox"/>	
<b>Other Contact:</b>			
<b>Email Address:</b>			
<b>How did you hear about our program?</b>			

**HOUSEHOLD COMPOSITION:** List the head of household and all other persons who will live in the rental unit.  
Indicate if any member is a full time student or foster child.

FULL NAME	RELATION TO HEAD	BIRTH DATE	BIRTH PLACE	AGE	SEX	SOCIAL SECURITY NUMBER
1	Head					
2						
3						

Marital Status: \_\_\_\_\_ Unmarried \_\_\_\_\_ Married \_\_\_\_\_ Separated

Does anyone live with you now who is not listed above? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does anyone plan to live with you in the future who is not listed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is anyone in your household a student? \_\_\_\_\_ YES \_\_\_\_\_ NO

Indicate any absent household members:

**CURRENT HOUSING INFORMATION:**

What is your current housing status? Homeless  Sub-Standard  Standard

	YES	NO
Are you receiving energy assistance?		
Are you being evicted?		
Are you a veteran?		
Have any household member been charged with drug related criminal activity within the last 3 years?		
Has any household member been involved in methamphetamine drug activity?		
Has any household member been subject to a lifetime registration under a state sex offender registration program?		
Has your housing assistance ever been terminated for fraud, non-payment or any other reason?		

If yes, explain the circumstances:

**INCOME:** List all income for household members. Include full and part-time employment, self-employment, welfare, social security, SSI, pension, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental properties, Armed Forces Reserves, scholarships, grants, net income from operation of business, etc.

HOUSEHOLD MEMBER	SOURCE OF INCOME	ADDRESS	GROSS INCOME		
			\$	PER	
			\$	PER	
			\$	PER	

**\* Please note that all waiting list notifications are done by mail. It is your responsibility to notify our office of a change of address**  
**Failure to notify our office of a change of address could result in removal from the waiting list.**



<b>ASSETS:</b> Check "yes" or "no" on all of the following lines. If "yes" enter the requested information.					
	YES	NO	Bank Name/Address	Balance/Value	Interest
Cash on hand \$100 +					
Checking Accounts					
Savings Accounts					
Certificate of Deposit					
Annuities					
Money Market Funds					
IRA Accounts					
Stocks/Bond					
Mutual Funds					
US Savings Bonds					
Real Estate					
Business Assets					
Other Assets:					
Do you receive SS/SSI, MFIP, Child Support, Unemployment, or other benefits on debit /EBT card?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST TWO YEARS?</b>					
_____ YES _____ NO If yes, please describe: _____					
Date of Disposition:		Amount Received: \$		Market Value:	
<b>Medical Expenses:</b> Complete only if Head or Spouse is Elderly, Handicapped, or Disabled				YES	NO
Do you receive Medicare Benefits?					
Do you receive Medical Assistance through Welfare?					
Do you pay for additional medical Insurance? (Blue Cross, AARP, etc)					
Are all of your Medical Expenses covered by Insurance or outside sources?					
Indicate expenses paid by you:				SOURCE:	AMOUNT
Prescription Drugs:					
Regular Payments on Outstanding Medical Bills:					
Do you have any expenses for attendant care or special apparatus for a disabled or handicapped household member to be employed? (do not consider expenses paid to a family member or reimbursed by another source)				YES	NO
If yes, please explain: _____					
<b>Have you vacated, or will you have to vacate your dwelling unit because of:</b>				YES	NO
—a natural disaster such as a fire or flood which resulted in the inhabitability of your unit;					
—governmental action such as code enforcement, public improvement or development;					
—action by landlord <b>other than</b> rent increase / your failure to meet conditions of occupancy;					
—actual or threatened violence to you or your family from individual who resides in your unit.					
<b>Are you currently without a fixed, regular and adequate nighttime residence because your primary residency is:</b>				YES	NO
—a supervised public or privately operated shelter designed to provide temporary living;					
—accommodations such as a welfare hotel, congregate shelter, or transitional housing;					
—an institution that provides a temporary residence for individuals institutionalized;					
—a public or private place not designated for, or ordinarily used as a regular sleeping ;					
—accommodation for human beings.					



<b>Is your unit substandard because it:</b> —does not have operable indoor plumbing; —does not have a usable flush toilet and either bathtub/shower exclusively for your family; —is without electrical service; —has unsafe or inadequate heat; —has unsafe or inadequate electrical; —is without a kitchen; —has been declared unfit for habitation by an agency or unit of government; —has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding (the defects may involve original construction, or they may have resulted from continued neglect or lack of repair or from serious damage to the structure)	YES	NO

**APPLICANT(S)/TENANT(S) STATEMENT:**  
 I/We certify that the information \* given to the Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of Housing Assistance and Termination of Tenancy.

<b>SIGNATURE OF HEAD OF HOUSEHOLD:</b>	<b>DATE:</b>
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<b>SIGNATURE OF CO-HEAD OF HOUSEHOLD:</b>	<b>DATE:</b>
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**RETURN FILLED OUT APPLICATIONS TO:**

<b>Apartment Complex:</b> <b>Robinwood Manor</b> <b>1324 Prairie Avenue, Office</b> or <b>Faribault, MN 55021</b>  <b>PHONE:      507-334-8707</b>	<b>Management Office:</b> <b>Community Development Department</b> <b>Faribault City Hall</b> <b>208 1st Avenue, NW</b> <b>Faribault, MN 55021</b>
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\*After verification by this Housing Agent, the information will be submitted to the Department of Housing and Urban Development on HUD Form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline at 1-800-424-8590.

**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**Disabilities and Reasonable Accommodations:**

Are there specific, reasonable physical modification you need in your unit to accommodate a disability (i.e. additional grab bars, strobe, smoke detectors, etc.?) \_\_\_\_\_

Do you require a handicap-accessible unit?      Yes       No

Would you take a non-handicap accessible unit if that is the only unit available?      Yes       No

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



**Receipt of VAWA Notices**

\_\_\_\_\_  
Head of Household Name

\_\_\_\_\_  
Co-Head of Household Name

Development Name: \_\_\_\_\_ Robinwood Manor Apartments \_\_\_\_\_

Unit Number: \_\_\_\_\_

I/We do hereby acknowledge receipt of the VAWA Notice of Occupancy Rights (HUD 5380) and Certification (HUD 5382) published by the U.S. Department of Housing and Urban Development.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head Signature

\_\_\_\_\_  
Date

**Faribault Housing and Redevelopment Authority/Robinwood Manor Apartments**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **project-based Section 8/Robinwood Manor Apartments** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **project-based Section 8/Robinwood Manor Apartments**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **project-based Section 8/Robinwood Manor Apartments**, you may not be denied assistance, terminated from participation, or be evicted from your rental

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

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **project-based Section 8/Robinwood Manor Apartments** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for

documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**



**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the Minneapolis HUD Field Office.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **the Community Development Department at 507-334-0100.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **the Hope Center at [www.hopecentermn.org](http://www.hopecentermn.org) or 507-332-0882 or Ruth's House of Hope at [www.ruthshouseofhope.org](http://www.ruthshouseofhope.org) or 507-334-5043.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **the Hope Center at [www.hopecentermn.org](http://www.hopecentermn.org) or 507-332-0882 or Ruth's House of Hope at [www.ruthshouseofhope.org](http://www.ruthshouseofhope.org) or 507-334-5043.**

Victims of stalking seeking help may contact **the Hope Center** at [www.hopecentermn.org](http://www.hopecentermn.org) or **507-332-0882** or **Ruth's House of Hope** at [www.ruthshouseofhope.org](http://www.ruthshouseofhope.org) or **507-334-5043**.

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The 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. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This 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.



## **Faribault Housing and Redevelopment Authority/Robinwood Manor Apartments<sup>1</sup>**

**Ogeysiinta Xaquuqda Daganaanshaha sida waafaqsan Xeerka Xadgudubka Kadhanka ah**

### **Dumarka<sup>2</sup>**

#### **Ee ku socoto dhammaan Kireystayaasha iyo Codsadayaasha**

Xeerka Xadgudubka Kadhanka ah Dumarka (VAWA) waxuu difaaca dhibanayaasha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalida. VAWA madifaaco kaliya dumarka, laakin waxuu si simman udifaaca dhammaan shaqsiyaadka yadoo aan laga eegin jinsiga, aqoonsiga jinsiga, ama dooqa galmada.<sup>3</sup> Waaxda Guriyeynta iyo Hormarinta Magaalada ee Mareykanka (HUD) waa hay'ad Faderaali ah oo kormeerta in **project-based Section 8/Robinwood Manor Apartments** ay u hogaansantahay VAWA. Ogeysiintaan waxay sharaxdaa xaquuqahaaga sida waafaqsan VAWA. Foomka xaqiijinta ansixinta HUD wuxuu ku lifaaqanyahay ogeysiintaan. Waxaad buuxin kartaa foomkaan si aad u muujisid inaad tahay ama aad aheyd dhibanaha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka, iyo inaad rabtid inaad ku isticmaashid xaquuqdaada sida waafaqsan VAWA.

#### **Illaalada Codsadayaasha**

Haddii aad u qalantid dhanka kale caawinta quseyso **project-based Section 8/Robinwood**

**Manor Apartments**, laguuma diido karo ogolaanshaha ama laguuma diidi karo caawinta

sababtoo ah waxaad

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<sup>1</sup> Ogeysiinta waxay isticmaashaa HP ee bixiyaha guriga laakin bixiyaha guriga waa inuu geliyaa magceeda halka HP loo isticmaalo. Aqoonsiga sharuudaha barnaamijka xeerarka gaarka ah ee shaqsiya ama masuulka bixinayo ogeysiinta xaquuqda danagaanshaha.

<sup>2</sup> Inkastoo uu jiro magaca sharcigaan, illaalada VAWA waxaa loo heli karaa iyada oo aan laga eegin jinsiga, aqoonsiga jinsiyada, ama dooqa galmada.

<sup>3</sup> Bixiyayaasha guryahay kuma takoori karaan si ku saleysan sifo walboo illaalsan, oo ay ku jiraan jinsiyada, midibka, asalka dhalashada, diinta, jinsiga, heerka qoyska, curyaannimada, ama da'da. Guryaha HUD-caawisay oo ku caymisan HUD waa in loo diyaariyaa dhammaan shaqsiyaadka u qalmo ee aan laga eegin dooqa galmada dhabta ama dooqa galmada loo gartay, aqoonsiga jinsiga, ama heerka gurka.

tahay ama aad aheyd dhibanaha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka.

### **Illaalada Kireystayaasha**

Haddii aad heleysid caawinta waafaqsan **project-based Section 8/Robinwood Manor**

**Apartments**, waxaa laga yaabaa inaan lagu diidin caawinta, laga joojin ka qeybqaadashada, ama laga saarin gurigaaga kirada ah sababtoo ah waxaad tahay ama aad aheyd dhibanaha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka.

Sidoo kale, haddii adiga ama shaqsi xariir kula leh uu yahay ama ahaa dhibanaha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka ee xubinta qoyskaaga ama marti kale, laga yaabo inaan lagu diidin caawinta kirada ama xaquuqaha daganaanshaha sida waafaqsan **project-based Section 8/Robinwood Manor Apartments** kaliya sida ku saleysan howsha dambiga ee sida tooska ah ula xiriirto rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka.

Shaqsigu xariirka kula leh waxaa laga wadaa xaaskaaga, waalidka, walaalka, walaasha, ama canuga, ama qofka taagan meesha waalidka ama masuulka (tusaale ahaan, shaqsigu ku raacsan ee daryeelkaaga ku jiro, haynta, ama maamulida); ama shaqsi walba, kireyste, ama shaqada sharci darada ee ku nool qoyskaaga.

### **Ka saarida Xad gudbaha ama Dambiihaha Qoyska**

HP laga yaabo inay kala jaraan (kalaga goyn) heshiiskaaga si markaas looga saaro shaqsigu ama looga joojiyo caawinta shaqsigu ka qeybgalay howsha dambiga (ku xadgudbaha ama dambiihaha) sida tooska ah ula xiriirto rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka.

Haddii HP at doortaan in laga saaro ku xadgudbaha ama dambiilaha, HP laga yaabo inaysan ka qaadin xaquuqda kireystayaasha u qalmo qeybta ama haddii kale la ciqaabo kireystayaasha haray. Haddii ku xadgudbaha laga saaray ama dambiilaha uu ahaa kireystaha kaliya ee la aasaasay u qalmida caawinta waafaqsan barnaamijka, HP waa inay u ogolaataa kireystaha ah ama ahaa dhibanaha iyo xubnaha kale ee qoyska inay ku haraan qeybta oo muddo waqti ah, si markaas loo aasaaso u qalmida sida waafaqsan barnaamijka ama sida waafaqsan barnaamijka kale guriyeynta HUD ee ay daboolen VAWA, ama, hel guri kale.

Ka saarida ku xadgudbaha ama dambiilaha qoyska, HP waa inuu raacaa Faderaalka, Gobolka, iyo nidaamyada ka saarida deegaanka. Si markaas loo kala gooyo heshiiska kirada, HP laga yaabo, laakin loogama baahno inuu, ku weydiiyo waraaqaha ama cadeynta dhacdooyinka rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka.

### **U guurista Qeyb Kale**

Xiliga codsigaaga, HP waxay kuu ogolaan kartaa inaad u guurtid qeyb kale, sida waafaqsan helitaanka qeybaha kale, iyo weli hayso caawintaada. Si markaas loo ansixiyo codsiga, HP wuxuu ku weydiin karaa inaad bixisid waraaqaha aad u codsaneysid inaad guurtid sababtoo ah dhacdada rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka. Haddii codsiga loo codsado wareejinta degdega, bixiyaha guriga wuxuu ku weydiin karaa inaad xareysid codsi qoran ama buuxi foomka halka aad ka cadeysay inaad buuxisid sharuuda wareejinta degdega sida waafaqsan VAWA. Sharuuda waa:

**(1) Waxaad tahay dhibane rabshada qoyska, taariiqda rabshada, weerarka galmada, ama dabagalka.** Haddii aad tahay bixiyaha guriga ee aan marhore laheyn waraaqaha cadaynaaya in aad tahay dhibanaha rabshada, rabshada

shukaansiga, weerarka galmada, ama dabagalka, bixiyahaaga guri wuxuu ku weydiin karaa waraaqo noocaas ah, sida lagu sharaxay qeybta waraaqaha hoose.

**(2)Waxaad si muujin ah u codsatay wareejinta degdega ah.**Bixiyahaaga guri wuxuu dooran karaa inuu kaaga baahdo inaad xareysid foomka, ama wuxuu ogolaan karaa codsi kaloo qoran ama hadal ah.

**(3)Waxaad si macquul ah u aaminsantrahay in laguugu hanjabay waxyeelo dhow ee rabshad dheeraad ah haddii aad ku hartid qeybta hadeer.**Tani waxay la micna tahay inaad sabab haysid oo aad ku baqdid haddii aadan helin wareejinta aad kula dhibaatoon laheyd rabshada mustaqbalka xiggo.

**AMA**

**Aad tahay dhibanaha weerarka galmada oo weerarka ay ku dhacday dhismooyinka inta lagu jiro muddada kaleendarka 90-maalmo ka hor inta aadan codsan wareejinta.**Haddii aad tahay dhibanaha weerarka galmada, kadib ay dheertahay u qalmida wareejinta degdega sababtoo ah waxaad si macquul ah u aaminsantahay in laguugu hanjabay waxyeelo dhow ee rabshad dheeraad ah haddii aad ku hartid qeybtaada, waxaad u qalmi kartaa wareejinta degdega ah haddii weerarka galmada ay ku dhacday dhismooyinka dhismahaan ee aad ka raadineysid wareejintaada, iyo in weerarka uu ku dhacay gudaha muddada kaleendarka 90-maalin ka hor inta aadan si muujin ah u codsanin wareejinta.

HP waxay joogteyneysaa codsiyada qarsoodiga ee wareejinta degdega ah ee dhibanayaasha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka, iyo goobta guurida walba ee dhibanayaasha noocaas iyo qoysaskooda.

Qorshaha wareejinta degdega HP wuxuu bixiyaa warbixin dheeraad, iyo HP waa inay sameysaa koobiga qorshaha wareejintaan degdega ah ee adiga lagu heli karo haddii aad weydiisid inaad aragtid.

**Qorista Inaad Tahay ama Aad Aheyd Dhibanaha Rabshada Qoyska, Rabshada Shukaansiga, Weerarka Galmada ama Dabagalka**

HP waxay awoodaan, laakin loogama baahno inay, ku weydiyaan inaad siisid waraaqaha lagu “cadeynayo” inaad tahay ama aad aheyd dhibanaha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka. Codsiga noocaas ah ee HP waa inuu qoraal ahaan ahaadaa, iyo HP waa inay ku siisaa ugu yaraan 14 maalmo ganacsi (Sabtida, Axada, iyo fasaxyada Faderaalka lama xisaabiyo) ka bilow maalinta aad heshid codsiga lagu bixinayo waraaqaha. HP waxaa laga yaabaa, laakin ma ahan, kordhinta dhammaadka waqtiga ee gudbinta waraaqaha markii la codsado.

Waxaad u siin kartaa HP mid ka mid ah kuwa xiggo sida waraaqo. Waa dooqaaga midkee ka mid ah kuwa xiggo ayaa loo gudbinayaa haddii HP ku weydiiso inaad siisid waraaqaha ee aad tahay ama aad aheyd dhibanaha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka.

- Foomka cadeynta dhameystiran ee ay ansixiyeen HUD ee adiga ay kula siiyeen HP ogeysiintaan, waraaqahaas dhacdada rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka. Foomka wuxuu ku weydiinayaa magacaaga, taariiqda, waqtiga, iyo goobta dhacdada rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka, iyo sharaxaada dhacdada. Foomka cadeynta waxay bixisaa oo ay ku jiraan magaca xadgudbaha ama dambiilaha haddii magaca xadgudbaha ama dambiilaha lagaranayo oo ay badbaado tahay in la sheego.

- Diiwaanka hay'ada fullinta sharciga Faderaalka, Gobolka, qabiilka, dhulka, ama deegaanka, maxkamada, ama hay'ada maamulka ee qortaa dhacdada rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka. Tusaalaha diiwaano noocaas ah waxaa ku jiro wargelinada booliska, amarada illaalada, iyo amarada xakameynta, ee kuwa kale ka mid ah.
- Bayaanka, ah inaad saxiixdo, oo ay la jiraan saxiixa shaqaalaha, hay'ada, ama tabarucaha bixiyaha adeega dhibanaha, qareenka, xirfadlaha caafimaad ama xirfadlaha caafimaadka maskaxda (isku jir ah, "xirfadlaha") aad ka raadisay caawinta lagu sheegayo rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka, ama saameynada xadgudubka, oo ay la jiraan xirfadlaha adiga aad dooratay ee lagu sheegayosida waafaqsan ciqaabta been sheegida ee isaga ama iyada aaminsanyahay in dhacdada ama dhacdooyinka rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka waa sababaha illaalada.
- Bayaan kaloo kale ama cadeynta ee HP ay la ogolaatay inaad ogolaato.

Haddii aad ku guuldareysatid ama aad diidid inaad sheegtid mid ka mid ah waraaqahaan ee gudaha 14 maalmood ganacsi ah, HP looma baahno inay ku siiso illaalada ku jirto ogeysiintaan.

Haddii HP hesho cadeyn qilaafeyso ee in dhacdada rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka way ka go'neyd (sida foomamka cadeynta ee ka imaanayo labo xubnood ama ka badan ee qoyska oo midkood sheeganayo inuu dhibane yahay oo magacaabayo hal codsi ama ka badan xubnaha qoyska ee codsanayo sida ku xadgudbaha ama dambiilaha), HP waxay xaq u leedahay inay codsato inaad sheegtid waraaqaha xisbiga sadexaad ee gudaha sodon maalmood 30 oo maalmaha kaleendarka si markaas loo xaliyo qilaafka. Haddii

aad ku guuldareysatid ama aad diidid inaad bixisid waraaqaha xisbiga sadexaad halka ay ka jirto cadeynta qilaafeyso, HP looma baahno inay ku siiso illaalada ku jirto ogeysiintaan.

### **Qarsoodi ah**

HP waa inay joogteysaa qarsoodiga ama warbixin walba ee aad sheegtay ee ku saabsan ku dhaqanka xaquuqdaada sida waafaqsan VAWA, oo ay ku jiraan xaqiiqda ah inaad ku dhaqmeysid xaquuqahaaga sida waafaqsan VAWA.

HP waa inaysan u ogolaan shaqsi walba ee maamulayo caawinta ama adeegyada kale oo matalaada HP (tusaale ahaan, shaqaalaha iyo qandaraaslayaasha) si ay u galaan warbixinta qarsoodiga ahillaa sababaha sida gaarka ah ugu yeero shaqsiyaadkaan inay galaan warbixintaan sida waafaqsan sharciga Faderaalka, Gobolka, deegaanka ee quseeyo.

HP waa inaysan galin warbixintaada goob walboo xog ee la wadaago ama u siideynin warbixintaada hay'ad ama shaqi kale. HP, si kastaba, waxay siideyn karaan warbixinta la sheegay haddii:

- Aad bixisid ogolaansho qoran HP ee lagu siideynayo warbixinta ee ku saleysan xadeynta waqtiga.
- HP waxay u baahantahay inay isticmaasho warbixinta ka saarida ama nidaamka ka joojinta, sida looga saarayo ku xadgudbahaaga ama dambiilaha ama ka joojinta ku xadgudbahaaga ama dambiilaha caawinta sida waafaqsan barnaamijkaan.
- Sharciga wuxuu u baahanyahay HP ama milkiilaha gurigaaga inuu siidaayo warbixinta.

VAWA ma xadeyso waajibaadka HP ee lagu sharfayo amarada maxkamada ee ku saabsan dhismaha ama lagu maamulayo. Tani waxaa ku jiro amarada loo sameeyay in lagu ilaaliyo dhibanaha iyo amarada ka kala goynayo dhismaha xubnaha qoyska ee xaaladaha halka qoyska kala go'o.

### **Sababaha Kireystaha U qalma Xaquuqaha Daganaanshaha sida waafaqsan VAWA Waa Laga Saari Karaa ama Caawinta Waa La Joojin Karaan**

Waa lagaa saari karaa iyo caawintaada waxaa loo joojin karaa ku xadguudbka heshiiska guriga oo dhab ah ama lagu celiyay ee aan la xiriirin rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka la sameeyay ee adiga kaa soo horjeedo. Si kastaba, HP ma celin karto kireystaha ahaa dhibanaha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka ee qaab sharciyada la dijiyay ee loo baahanyahay badelkii ay quseyso kireystayaasha ee aan aheyn dhibanaha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka.

Illaalada lagu sharaxay ogeysiintaan way quseyn kartaa, oo waalagaa saari karaa iyo caawintaada la joojin karaa, haddii HP ay muujin karto inaysan kaa saareynin ama kaa joojineynin caawintaada waxay muujineysaa halis jirka dhab ah ee:

- 1) Ku dhici karto jadwalka waqti degdega ah, iyo
- 2) Sababi karto dhimasho ama waxyeelo jirka dhab ah ee kireystayaasha kale ama kuwa u shaqeeyo dhismaha.

Haddii HP ay muujin karto kuwa kore, HP waa inay joojisaa kaliya caawintaada ama kaa saartaa haddii aysan jirin tallaabooyinka la qaadi karo ee lagu yareynayo ama lagu baabi'inayo halista.

### **Sharciyada Kale**



VAWA ma badesho sharci walboo Faderaalka, Gobolka, ama deegaanka ee siiso illaalo wanaagsan dhibanayaasha rabashada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka. Waxaad u qalmi kartaa illaalalada guriga dheeraadka ah ee dhibanayaasha rabshada qoyska, rabshada shukaansiga, weerarka galmada, ama dabagalka sida waafaqsan sharciyada Faderaalka, sidoo kale sida waafaqsan sharciyada Gobolka iyo deegaanka.

### **Aan Uhogaansaneyn Sharuudaha Ogeysiintaan**

Waxaad soo waregelin kartaa xadgudubyada bixiyaha guriga ee ku daboolan xaquuqahaan oo raadiyaan caawin dheeraad ah, haddii loo baahanyahay, iyada oo lala xiriirayo ama la buuxinayo cabashada **Minneapolis HUD Field Office**.

### **Wixii Warbixin Dheeraad ah**

Waxaad eegi kartaa koobiga xukunka ugu dambeeyo ee HUD VAWA ee **[https://](https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs)**

**[www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs](https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs)**

Waxaa dheer, HP waa inay sameysaa koobiga sharciyada HUD VAWA ee adiga lagu heli karo haddii aad weydiisid inaad aragtid.

Wixii su'aalo ee la xiriiro VAWA, fadlan la xiriir **the Community Development Department at 507-334-0100**.

Wixii caawin ee la xiriiro xiriirka xadgudubka, waxaad soo wici kartaa Qadka Rabshada Qoyska ee Qaranka oo ah 1-800-799-7233 ama, dadka qaba curyaanimada maqalka, 1-800-787-3224 (TTY). Waxaad sidoo kale la xiriiro kartaa **the Hope Center at [www.hopecentermn.org](http://www.hopecentermn.org) or 507-332-0882 or Ruth's House of Hope at [www.ruthshouseofhope.org](http://www.ruthshouseofhope.org) or 507-334-5043**.

Wixii kireystayaasha ee ah dhibane ama ahaa dhibane ee dabagalka oo raadinayo caawin wuxuu booqan karaa Xarunta Qaranka ee Dhibanayaasha Dambiga Xarunta Illaha Dabagalka ee **<https://www.victimsofcrime.org/our-programs/stalking-resource-center>**.

Wixii caawin ee la xiriiro weerarka galmada, waxaad la xiriiri kartaa **the Hope Center at [www.hopecentermn.org](http://www.hopecentermn.org) or 507-332-0882 or Ruth's House of Hope at [www.ruthshouseofhope.org](http://www.ruthshouseofhope.org) or 507-334-5043.**

Dhibanayaasha dabagalka raadinayo caawinta waxay la xiriiri karaan **the Hope Center at [www.hopecentermn.org](http://www.hopecentermn.org) or 507-332-0882 or Ruth's House of Hope at [www.ruthshouseofhope.org](http://www.ruthshouseofhope.org) or 507-334-5043.**

**Lifaaqa:**Foomka cadeynta HUD-5382

DIWAANGALINTA  
RABSHADA QOYSKA,  
SHUKAANSIGA

TACADIYADDA GALMADA AMA  
UGAARSIGA IYO ISDABA  
MARINTA MAACLUUMAADKA

U.S. Qeybta Guriyaynta  
Iyo Hormarinta Magaalooyinka

OMB Lambarka La ansixiyay. 2577-0286  
Taariikhda uu dhacayo 06/30/2017

**U Jeedada Foomka:** Qodobka sharciga ee Ka hortaga Rabshadaha ka dhanka ah Haweenka (VAWA) waxa uu ka difaacayaa codsabayaasha, kiraystayaasha iyo ka qaybgalayaasha qaar kamid ah barnaamijyadda HUD in laga saaro, loo diido caawinta guriyaynta ama laga joojiyo caawintaasi guriyaynta sababo la xirriiro falalka rabsahadda qoyska, rabshadda jacayl, tacadiyadda galmada, ugaarsiga ka dhanka ah iyaga. Inkastoo magaca sharcigani, difaaca VAWA uu yahay mid diyaar u ah dhibanayaasha rabshadaha qoyska, rabshadaha ka dhasha isla gooni ahaanshada, tacadiyadda galmada iyo ugaarsiga, looma eegayo jinsiga qofka, kala saarida jinsiyaadka ama u kala eexashada jinsiga.

**Isticmaalka Foomkani Ee Aan Waajibka Ahayn :** Haddii aad ka codsanaysid qof ku siiyo guriyaynta magan galyada VAWA, waxaa laga yaabaa in uu ku siiyo codsi qoraal ah kaasi oo lagaa doonaayo in aad keentid cadeymo ku saabsan dhacda ama dhacdooyinka rabshadaha qoyska ,rabshadaha la xidhiidho iska kali noqoshada tacadiyadda galmada iyo u gaarsiga.

Ka jawaabida codsigani adiga ama shaqsi adiga ku matalo ayaa laga yaabaa inuu dhammaystiro foomkani aan waajibka ahayn una soo bandhigo qofka ku siinaayo guriyaynta ama waa suurtagal in aad adiga soo gudbisid mid kamid ah cadeymaha qofka saddexaad ee hoos ku xusan.

(1) Dukumeentiga aad adiga saxiixday, shirkadda ama qofka aad u shaqaysid ama qof iskiisa isu soo saaray inuu u adeego dhibanaha waxa uuna noqon karaa sharciyaqaan, mas'uul caafimaad, ama mas'uul caafimaad ee dhanka miirka ka shaqeeyo (si guud, "aqoonyahan") kaasi oo aad ka codsatay caawimaad la xidhiidho rabshadaha qoyska, rabshadaha isla gooni noqoshada, tacadiyadda, ama u gaarsiga ama waxyeeladda tacadiyadeed. Dukumeentiga waxaa waajib ah inuu noqdo mid qeexaayo ciqaabta la xidhiidho been sheegida in aqoonyahanka uu aaminsanyahay dhacda ama dhacdooyinka rabshadda qoyska, rabshadaha isla gooni noqoshada, tacadiyadda galmada ama u gaarsiga, kuwaasi oo dhacay lehna astaamaha "rabsahadaha qoyska," "rabshadaha isla gooni ahaanshada," "tacadiyadda galmada," ama, "u gaarsiga" ee sharciga HUD ee 24 CFR 5.2003.

(2) Diiwaanka dawlad goboleedka, dawladda, qabiilka, xuduuda waaxda meelmarinta sharciga degaanka, maxkamadda ama waaxda maamulka; am

(3) Isaga oo raali ah qofka bixiyo guriyaynta, qoraalka ama cadeymaha kale ee uu bixiyo codsadaha ama kireystaha.

**Soo Bandhigga Cadeymaha:** xilliga la soo bandhigaayo cadaymaha 14 maalmood oo ay shaqo jirto ah laga bilaabo taariikhda aad heshid codsiga qoraalka ah ee kaaga yimaada qofka ku siinaayo guriyaynta, adiga oo waydiinayo qofka ku siinaayo guriyaynta cadeymaha dhacdooyinka rabshadda qoyska, shukaansiga, tacadiyadda galmada ama u gaarsiga. Qofka Ku Siiyo Guriyaynta Waxaa Laga Yaabaa, Balse Looma Baahno, In Uu Kordhiyo Xilliga Waqtiga La Soo Bandhigaayo Cadeymaha, Haddii Aad U Codsatid Kordhinta Xiliga Waqtiga. Haddii Macluumaadka La Codsaday Aan Lagu Soo Gudbin 14 Maalmood Gudahood Laga Bilaabo Marka Aad Heshid Cadeymaha Codsiga , Ama Kordhinta Taariikhda Uu Bixiyo Qofka Ku Siiyo Guriyaynta, Qofka Kusiiyo Guriyaynta Uma Baahno In u

Kusiiyo Difaaca VAWA. Qaybinta Ama Bixinta Foomkani Uma Adeegaayo In Uu Yahay Aqoonsiga Codsiga Qoraaleed.

**Sirta:** Dhammaan macluumaadka lagu siiyo oo uu ku siiyo qofka ku siiyo guriyaynta oo kusaabsan dhacdooyinka ama dhacda, rabshadda qoyska, rabshadda shukaansiga, tacadiyadda galmada, ugaarsiga waa in loo xifdiyaa sir ahaan iyo in macluumaadkaasi aan lagu wadaagin meel u furan dadka oo dhan. Shaqaalaha qofka ku siiyo guriyaynta waa ka mamnuuc inay macluumaadkani helaan marka laga reebo in lagu siin waayo ama lagu diido macluumaadkani ee magan galyada VAWA iyo shaqaalaha noocaasi ah waa in aadan ciddna ama shirkadan siin macluumaadka, marka laga reebo in bixinta macluumaadkaasi uu yahay mid: 1) lagula heshiiyay adiga ama aad kula heshiisay qof qoraal in uu jiro waqti xadidan oo la bixin karo; ii) looga baahanyahay in loo isticmaalo ka saarida socoto ama dhagaysi la xiriiro joojinta caawinta; iii) haddi kale uu loo baahanyahay sharciga la adeegsan karo.

**Waxaa dhamaystiri karo dhibanaha ama qof matalo dhibanaha rabshada qoyska ,rabshada shukaansiga ,tacadiyada galmada iyo ugaarsiga:**

1. Taariikhda dhibanaha laga helay codsiga qoraalka ah: \_\_\_\_\_
2. Magaca dhibanaha: \_\_\_\_\_
3. Magacaagga (Haddii uu ka badalanyahay kan dhibanaha): \_\_\_\_\_
4. Magaca ama magacyada xubnaha ama xubinta qoyska kale ee ku qoran heshiiska: \_\_\_\_\_
5. Degaanka dhibanaha: \_\_\_\_\_
6. Magaca danbiilaha eedeysan (haddii la garanayo iyo in si dhibaato la aan ah loo shaacin karo)  
\_\_\_\_\_
7. Xidhiidhka danbiilaha eedeysan iyo dhibanaha \_\_\_\_\_
8. Taariikhda iyo waqtiga dhacdada ama dhacdooyinka (Haddii la garanayo): \_\_\_\_\_  
\_\_\_\_\_
10. Goobta uu shilka ka dhacay: \_\_\_\_\_

Adiga oo isticmaalayo luuqadaada, sharxaad ka bixi shilka:

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Tani waa xaqiijin in macluumaadka ku xusan foomkani uu yahay mid run ah oo sax ah in ay gaarsiisantahay aqoontayda iyo xasuustayda iyo in shaqsiga magaciisa uu ku xusanyahay qeybta labaad ee sare uu yahay ama uu ahaaba dhibane rabshada qoyska, rabshada isla gooni ahaanshada, tacadiyada

galmada iyo u gaarsiga. Waxa aan qirayaa in soo bandhigida macluumaad qalad ah uu burburinayo sax ahaanshada barnaamijka una horseedi karo in la diido soo bandhigida, joojinta caawimaada ama iska saarida guriga.

Saxiixa

la saxiixay (Taariikhda)

**Caqabadaha wargalinta guud:** Caqabada wargalinta guud ee soo uruurinta macluumaadkani waxaa lagu qiyaasayaa isku celcelin in ay qaadnayso hal saac celinta halkii jawaabba. Tani waxaa ka mid ah waqtiga soo aruurinta, dib u eegista, iyo gudbinta macluumaadka. Maluumaadka la bixiyay waxa isticmaalaya qofka bixinaya guriyaynta si uu u codsado diiwangalinta in codsadaha ama kireystaha in uu yahay dhibanaha rabshada qoyska, rabshadda la xidhiidho shukaansiga, tacadiyadda galmada ama ugaarsiga. Macluumaadku waxa uu ku gawracanyahay in uu ahaado mid la xifdisan sida ay qabto shuruudhada VAWA. Hay'adani waxa laga yaabaa in aysan soo aruurin macluumaadka adigana in lagaaga baahdo in aad dhammaystirto foomkani, marka laga reebo inuu cadeynayo maamulka xafiiska rasmiga ah ee u dammbeyay iyo lambarka maamulka miisaaniyada