



**HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM
ELIGIBILITY CERTIFICATION FORM**

Applicant Name: _____ **(pull from application)**

Property Address: Street address, Unit number: **(pull from application)**

City, County, State, ZIP: **(pull from application)**

In connection with my application (Application) to the Hall County Emergency Rental Assistance Program (the Program), I (the Applicant) hereby certify that:

That the information provided in this application is true and correct and complete as of the date of submission and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; and that such information has [check as applicable]: **(PLEASE SELECT ONE BOX)**

not changed since it was submitted; or

changed only as described in the statement attached to this certification [attach statement].

I, along with the household members identified in my application, are tenants at the above Property Address, as a County resident, located in Hall County and occupied the home as our primary residence.

That the assistance requested pursuant to this application (the "Assistance") is and will be for my primary residence of the property described in this application, that the property will not be used for any illegal or prohibited purpose or use.

That all statements made in this application are made for the purpose of obtaining rental and/or housing related expense assistance.

That the Hall County Emergency Rental Assistance Program is authorized to make all the inquiries it deems necessary to verify the accuracy of the information contained herein.

That I certify that I was financially impacted by the COVID-19 pandemic and was either laid off, furloughed, had a reduction in work hours, or experienced extreme financial hardship on or after March 1, 2020, as result of the COVID-19 pandemic.

That I do hereby certify and represent that all of the information I gave and all of the documentation I uploaded with the Hall County Emergency Rental Assistance Program application is true to the best of my knowledge and I understand that the Hall County Emergency Rental Assistance Program is relying on the information I gave to grant housing assistance in the form of rental payments assistance.

That I also certify that I have disclosed to the Hall County Emergency Rental Assistance Program in the application, all funds I have received before this date, or funds I have applied for and might receive in the future, from governmental and/or non-profit agencies as rental assistance since March 1, 2020, or within one year of the date of this agreement. I certify that the funds requested in this Application were not reimbursed by any other federal program. I also agree to repay any assistance I receive in the future that represents payment for the same period of time and for the same purpose as the Hall County Emergency Rental Assistance Program funds for three years after the receipt of the rental payments' assistance funds awarded by the Hall County Emergency Rental Assistance Program.

That the Hall County Emergency Rental Assistance Program and its grantees, contractors or consultants may continuously rely on the information contained in the application, as a material representation in deciding whether to award any grant, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to receiving Assistance.

That I understand that the submitted Application and any attachments are subject to disclosure under State of Georgia public records law subject to limited applicable exemptions. I also acknowledge, understand, and agree that, except as noted below, all information in my application and attachments will be disclosed, without any notice to me, if a public records request is made for such information, and Hall County will not be liable to me as Applicant for such disclosure.

That if I as the Applicant believe that information in my Application, including attachments, contains information that is confidential and exempt from disclosure, I must include a general description of the information and provide a reference to the Georgia statute or other law which exempts such designated information from disclosure in the event of a public records request. Hall County does not warrant or guarantee that information designated by an applicant as exempt from disclosure is in fact exempt, and if Hall County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

That I agree that in the event funds are provided pursuant to this Application, Hall County, the Georgia Division of Emergency Management, the Georgia State Auditor (or their designee), and

the United States Department of the Treasury's Office of Inspector General shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. I understand that any records must be made available upon request and that I should keep sufficient records.

That I certify that if any funds are received pursuant to this Application, I understand that I shall bear full responsibility for any and all tax consequences of received funds.

That my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable, and valid as if a paper version of this application were delivered containing my original written signature.

Under penalties of perjury, I declare that I have read this Emergency Rental Assistance Program Eligibility Certification and that the facts stated in it, as well as the facts stated in the Application for assistance are true and correct. I understand that knowingly making a false written declaration may be charged as a felony of the third degree. I do hereby acknowledge that I may be prosecuted by Federal, State, or local authorities and/or that repayment of all Hall County Emergency Rental Assistance Program funds may be required if I make or file false, misleading, or incomplete statements and/or documents.

Applicant Name

Applicant Signature

Date



RENTAL ASSISTANCE PROGRAM GRANT AGREEMENT

Purpose: The Consolidated Appropriations Act, 2021, (Act), passed on December 21, 2020, provides funding to the U. S. Department of the Treasury (Treasury) under section 501(a) Division N of the Act to provide funding to local governments for the Emergency Rental Assistance Program, which provides financial assistance to eligible households for:

1. Rent,
2. Rental arrears,
3. Other expenses related to housing incurred due, directly, or indirectly, to the novel coronavirus disease (COVID-19).

Applicability: Hall County, Georgia, as a Treasury recipient, established the Emergency Rental Assistance Program (ERAP) to provide financial assistance for rent and other expenses related to rental housing incurred due to COVID-19 for eligible households.

Term: Hall County's ERAP provides financial assistance for rent, rent arrearages, or other housing expenses for a maximum of 12 months beginning no earlier than **March 13, 2020**. An extension of an additional 3 months may be available only if necessary, to ensure housing stability and is subject to availability of funds.

The term of this ERAP Grant Agreement, which begins _____, (date) will terminate upon the earliest of:

1. The end of the time period covered in the Details of Assistance below; or
2. The date upon which the Lease expires or is terminated; or
3. The date this ERAP Grant Agreement is terminated by the Hall County Emergency Rental Assistance Program as result of default of the Tenant; and
4. The terms of this ERAP Grant Agreement may not extend beyond December 31, 2021.

Assistance: The total amount of assistance to be provided to _____ (Tenant Applicant) is detailed in the Details of Assistance below.

Rental Assistance Payment

“Rent” is the total monthly regular payment due each month to the owner/landlord for the use of a residential dwelling property. Prospective rent, or rents not yet due, may not exceed three (3) months beyond the date of the award, and may not exceed the maximum number of months of rental assistance allowed. Prospective rents may not be provided unless assistance has been provided to reduce the eligible household’s rental arrearages.

Rental Arrearages

“Rental arrearages” are the amounts of rent obligated by the lease agreement of a residential dwelling that are due but have not been paid at the time of the application for assistance.

Other Expenses Related to Housing Incurred Due, Either Directly or Indirectly, to COVID-19

“Other expenses related to housing.”

Tenant Certifications and Representations:

I _____ **(Tenant Applicant)** do hereby certify that:

1. I am authorized to submit this Application to request fund payments from Hall County (“County”) for federal funds appropriated pursuant to the CARES Act, the Consolidated Act 2021, and the Emergency Rental Assistance Program.
2. I have truthfully and fully disclosed all information required by the program in the application for assistance.
3. I have disclosed all household members and all of their income.
4. I have made no false or misleading statements in order to secure approval of my application for assistance.
5. _____ **(rental property address)** is my primary place of residence; and
6. I agree that the Hall County, the Hall County Auditor (or their designee), and the Treasury’s Office of Inspector General shall be entitled to access, review, and audit any records necessary to prevent fraud and/or ensure compliance with federal requirements.
7. I understand that any records must be made available upon request; and
8. No one in the household has received and will not receive any payments or other assistance from a federal agency or any other public or private source for rental costs for the periods covered by this ERAP Grant Agreement or within one year of the date of this agreement other than those disclosed by me in the application for assistance; and
9. _____ **(rental property address)** has not and will not be sublet, and I have disclosed all persons that have been or will be allowed to occupy the property as part of the household; and
10. I, as well as any and all household members, do not own or have any interest in _____ **(rental property address)** other than the rights to occupy the dwelling as my/our residence as described in the lease.

11. I have received a copy of the Notice of Occupancy Rights under the Violence Against Women Act (VAWA); and
12. As stated in the Application for assistance and as of the date of this ERAP Grant Agreement, the total household occupying the unit includes the following members:

Name (First, M., Last)	Minor/ Under 18
[pull this information from the system]	<input type="checkbox"/>
	<input type="checkbox"/>

Details of Assistance:

Description	2020 Assistance											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Rental Assistance			\$									
Other			\$									
Description	2021 Assistance											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Rental Assistance												
Other												
TOTAL ASSISTANCE	\$											

Under penalties of perjury, I declare that I have read this ERAP Grant Agreement and that the facts stated in it, as well as the facts stated in the Application for assistance are true and correct. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.	
[fill in name]	Applicant Signature:
Date	
Accepted by:	
[fill in jurisdiction name]	[fill in position]
Date:	

**EMERGENCY RENTAL ASSISTANCE PROGRAM¹
NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST
WOMEN ACT²**

To all Tenants and Applicants

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

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.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees the Emergency Rental Assistance Program 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 the Emergency Rental Assistance Program, 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 the Emergency Rental Assistance Program, you may not be denied assistance, terminated from participation, or be evicted from your rental 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 the Federal Rental Assistance Program 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

Housing Provider (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.

³ 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.

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 violation of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Erin Wright, DCA Legal Consultant, 404-679-0596 or U.S. Department of Housing and Urban Development, Atlanta Office, 404-331-5001.

For Additional Information

You may view a copy of HUD's final VAWA rule at [Federal Register :: Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs: Correction](#)

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 Erin Wright, DCA Legal Consultant, 404-679-0596.

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:

Gateway Domestic Violence Center: <https://www.gatewaydvcenter.org/> (770) 536-5860
LiveSAFE Domestic Violence Hotline: 770-427-3390
Georgia Domestic Violence Hotline (24 hours): 1-800-334-2836
Battered Women's Shelters: 404-873-1766

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:

Rape Crisis Center at 404-616-4861
Rape Response, Inc. <https://www.raperesponse.com/> (770) 503-7273

Victims of stalking seeking help may contact:

Gateway Domestic Violence Center: <https://www.gatewaydvcenter.org/> (770) 536-5860
For a Temporary Restraining Order: 770-531-7153

Attachment: Certification form HUD-5382

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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

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): _____

In your own words, briefly describe the incident(s):

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.

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