



c/o Alfred Housing Committee, Inc.
 23 North Main Street, Suite 4
 Wellsville, NY 14895
 585-593-6353 (p) 585-593-0871 (f) 711 TDD



APPLICATION

PROJECT NAME: Wellsville Woods
ADDRESS: 100 Merriam Heights
 Wellsville, NY 14895

OFFICE USE ONLY
Date Received: _____
Time Received: _____
Estimated Income: _____
Income Category: _____
Application #: _____

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST TENANT FIRST, CO-TENANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

A. GENERAL INFORMATION

Applicant Name: _____
Address: _____
 Street Apt.# City State ZIP
Email address: _____
Daytime Phone: _____ **Evening Phone:** _____
No. of BR's in current Unit: _____ **Do you RENT or OWN (circle one)**
Amount of current monthly rental or mortgage payment: \$ _____
If owned, do you receive monthly rental income from property: Yes No (check one)
How did you hear about the apartment complex? _____
Housing Voucher? Yes or No. If Yes, what kind? _____
 Bedroom size requested: One BR Two BR Three BR Handicap BR

B. HOUSEHOLD COMPOSITION

| | Name | Relationship to head | Birth Date | Age (optional) | SS# (last 4 digits) | Student Y/N |
|------|------|----------------------|------------|----------------|---------------------|-------------|
| Head | | Self | | | | |
| Co-H | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |



Will all listed minors be living in the unit at least 50% of the time? Yes No
 If not, explain custody agreement (proof of custody may be required): _____

| | | |
|---|------------------------------|-----------------------------|
| 1. Have there been any changes in household composition in the last twelve months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, explain:</i> | | |
| 2. Do you anticipate any changes in household composition in the next twelve months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, explain:</i> | | |
| 3. Is there someone not listed above who would normally be living with the household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, explain:</i> | | |
| 4. Are you living with anyone now who will not be moving into this unit with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, explain:</i> | | |

| | | |
|---|------------------------------|-----------------------------|
| 5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

| | | |
|--|------------------------------|-----------------------------|
| 6. Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|--|----------------------|
| 11. | Social Security | \$ |
| 12. | Social Security | \$ |
| 13. | SSI Benefits | \$ |
| 14. | SSI Benefits | \$ |
| 15. | Pension (list source) | \$ |
| 16. | Pension (list source) | \$ |
| 17. | Veteran's Benefits (list claim #) | \$ |
| 18. | Veteran's Benefits (list claim #) | \$ |
| 19. | Unemployment Compensation | \$ |
| 20. | Unemployment Compensation | \$ |
| 21. | Public Assistance (Title IV/TANF etc.) | \$ |
| 22. | Contributions to the Household (monetary or not) | \$ |
| 23. | Full-Time Student Income (18 & Over Only) | \$ |
| 24. | Financial Aid (excluding loans) | \$ |
| 25. | Annuities (list sources) | \$ |
| 26. | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| 27. | Scheduled Payments from Investments | \$ |
| 28. | Retirement Account Payments (including RMDs) | \$ |
| 29. | Income From Rental Property | \$ |

| Household Member Name | Source of Income | Monthly Amount |
|-----------------------|--------------------------|----------------|
| 30. | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| 31. | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| Household Member Name | Source of Income | Monthly Amount |
| 32. | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |



| | | | |
|---|--|--|--|
| 33. | Previous Employment amount (last 60 days) | | \$ |
| | Employer: | | |
| | Position Held | | |
| | How long employed: | | |
| 34. | Alimony | | |
| | Do you receive alimony? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | | \$ |
| 35. | Child Support | | |
| | Do you receive formal/informal (money, items, etc.) child support? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | | \$ |
| 36. | Gig Income ex: Uber, Door Dash etc. | | \$ |
| 37. | Self Employment, Day laborer, Independent contractor, Seasonal worker | | \$ |
| 38. | Other Income | | \$ |
| 39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | | \$ |
| 40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank) | | | \$ |
| 41. Do you anticipate any changes in this income in the next 12 months? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 42. Is any member of the household legally entitled to receive income assistance? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 43. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 44. <i>If yes to any of the above, explain:</i> | | | |
| | | | |
| 45. Is the income received? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

D. ASSETS (even if jointly held)

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

| | | | |
|---|---|------|------------|
| 46. Checking Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| 47. Savings Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| 48. Trust Account (revocable or irrevocable) | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |



| | | | | |
|---|-------|---------------|-------------------------|----------|
| 49. Debit cards not associated with a checking account ex: Direct Express | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| 50. Certificates of Deposit | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| 51. Money Market Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| 52. Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| 53. Peer-to-peer ex: Venmo, PayPal, Apple Pay | Name: | | Balance:\$ | |
| | Name: | | Balance:\$ | |
| 54. Sport vehicle or other Non-necessary Personal Property | Type: | | Value:\$ | |
| | Type: | | Value:\$ | |
| 55. Collection or other Non-necessary Personal Property ex: coin collection | Type: | | Value:\$ | |
| | Type: | | Value:\$ | |
| 56. Deed of Trust/Loan <i>(you loaned someone money and they are paying you back with or without interest)</i> | Type: | | Balance:\$ | |
| | Type: | | Balance:\$ | |
| 57. Life Insurance Policy | # | | Cash Value \$ | |
| 58. Life Insurance Policy | # | | Cash Value \$ | |
| 59. Cash on Hand | | | Amount:\$ | |
| 60. Digital Banking Ex: Cash App | Name: | | Balance:\$ | |
| | Name: | | Balance:\$ | |
| | Name: | | Balance:\$ | |
| 61. Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| 62. Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |

| | | | | |
|--|-------|----------|-------------------------|------------|
| 63. Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| 64. Crowd Funding Account ex: GoFundMe, Kickstarter | Type: | | | Balance:\$ |
| | Type: | | | Balance:\$ |
| 65. Investment Accounts (<i>accounts that include stocks, bonds, and other like investments</i>) | # | | | Value:\$ |
| | # | | | Value:\$ |
| 66. Investments in Precious metals including gold, silver, copper, etc. | Type: | | | Value:\$ |
| | Type: | | | Value:\$ |
| 67. Crypto-Currency (<i>Bitcoin, Altcoins, Crypto coins, etc.</i>) | Type: | | | Value:\$ |
| | Type: | | | Value:\$ |
| 68. Special Needs Trust | Name: | | | Balance:\$ |

Real Property

69. Does any family member own...

A home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence Yes No

| | | | |
|--|------------------------|------------------------|----------------------|
| For Sale?: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A | Market Value:\$ | Cost to Sell:\$ | Cash Value:\$ |
|--|------------------------|------------------------|----------------------|

Rental Property-home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence but where there is a lease and the resident does not have a legal right to reside in Yes No

| | | | |
|--|------------------------|------------------------|----------------------|
| For Sale?: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A | Market Value:\$ | Cost to Sell:\$ | Cash Value:\$ |
|--|------------------------|------------------------|----------------------|

RENTAL INCOME \$ **Weekly Monthly N/A** **Annual Expenses:\$**

Real Property not used for a business a member has legal authority to sell such property Yes No

| | | | |
|--|------------------------|------------------------|----------------------|
| For Sale?: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A | Market Value:\$ | Cost to Sell:\$ | Cash Value:\$ |
|--|------------------------|------------------------|----------------------|

| | | | | |
|---|-----------------|-----------------|---------------|----|
| Real Property used for a business when a member has legal authority to sell such property | | | Yes | No |
| For Sale?: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A | Market Value:\$ | Cost to Sell:\$ | Cash Value:\$ | |
| *Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Basically, how much money would you receive if you converted the asset to cash. If you do not know, please leave this field blank and we will assist you in deriving the cash value of your assets. | | | | |

Assets Disposed of For Less Than Fair Market Value (choose one)

| | | |
|--|------------------------------|-----------------------------|
| 70. I have NOT disposed of any assets for less than fair market value | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 71. During the previous two-year (24-month) period I have disposed of assets for less than fair market value as indicated below: | | |

| Cash Contributions or Gifts (to Churches, Charities, Individuals, etc.) | None | Date Disposed: | Amount: \$ |
|--|------|----------------|------------|
| Property sold for less than fair market value (this identifies property that was given away or sold for substantially less than current real estate market would bear such a Quit Claim) | | | |
| Trust/Savings/Investment Accounts opened for another person | | | |
| Transfer of Assets for Free or For Less than Market Value (for ex: giving a child stock or mutual funds or setting up a trust for someone who does not live in the unit) | | | |
| Other: | | | |

E. ADDITIONAL INFORMATION

| | | |
|--|------------------------------|-----------------------------|
| 73. Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 74. Have you or any member of your family ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | |
| | | |
| 75. Will you take an apartment when one is available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

F. REFERENCE INFORMATION

| | | |
|----------------------------------|-------------|----------|
| 76. Current Landlord | Name: | |
| | Address: | |
| | Cell Phone: | |
| | Email: | |
| | How Long? | |
| 77. Prior Landlord | Name: | |
| | Address: | |
| | Cell Phone: | |
| | Email: | |
| | How Long? | |
| 78. Credit Reference #1: | | |
| Address: | | |
| Account #: | | Phone #: |
| 79. Credit Reference #2: | | |
| Address: | | |
| Account #: | | Phone #: |
| 80. Personal Reference #1: | | |
| Address: | | |
| Relationship: | | Phone #: |
| 81. Personal Reference #2: | | |
| Address: | | |
| Relationship: | | Phone #: |
| 82. Personal Reference #3: | | |
| Address: | | |
| Relationship: | | Phone #: |
| 83. In case of emergency notify: | | |
| Address: | | |
| Relationship: | | Phone #: |



Homes and Community Renewal

KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

Know Your Rights: New York State's Anti-Discrimination Policy When Assessing Justice-Involved Applicants for State-Funded Housing

If you are applying for state-funded housing and have a history of involvement with the criminal justice system, you have rights and protections.

There Are Only Two Mandatory Reasons That You Can Automatically Be Rejected:

1. Conviction for methamphetamine production in the home; and
2. Being a lifetime registrant on a state or federal Sex Offender database.

You Cannot Be Rejected Based On:

1. All pending arrests (including those with adjournments in contemplation of dismissal (ACOD));
2. Arrest records that were resolved in your favor;
3. Convictions for offenses committed before you turned 18 years old;
4. Misdemeanor convictions that occurred more than 1 year ago;
5. Felony convictions that occurred more than 5 years ago;
6. Convictions resulting in incarceration/parole supervision, from which you were released more than 1 year ago;
7. Convictions that did not involve physical violence or danger to persons or property, or did not affect the health, safety and welfare of others;
8. Convictions for which you have received a Certificate of Good Conduct or Certificate of Relief from Disabilities that is permanent and covers housing.
9. Youthful offender adjudications;
10. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
11. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
12. Convictions that were excused by pardon, overturned on appeal or vacated;

You Cannot Be Asked About 9-12 Above

If a housing provider asks you about them or any pending arrest with an ACOD, you may answer as if the protected arrest, conviction or adjudication never occurred. If you believe you have been discriminated against based on these protections, file a complaint with the New York State Division of Human Rights: <https://dhr.ny.gov/complaint>

You Must be Given 14 Days to Provide Additional Information Before Any Rejection

You must be contacted and provided 14 business days to provide additional relevant information including:

1. How much time has passed since the conviction(s)?
2. How old were you at the time of the conviction(s)?
3. How serious was the conviction(s)?
4. Evidence about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)
5. Were there mitigating circumstances surrounding the offense that reduce the severity of the offense?

If you were not given an opportunity to answer these questions, or if you feel the housing provider did not properly evaluate your application and wrongfully denied you housing, contact New York State Homes and Community Renewal's Fair and Equitable Housing Office at feho@hcr.ny.gov for assistance. More information is available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>



Homes and Community Renewal

ANDREW M. CUOMO
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

Know Your Rights: New York State's Credit & Housing Court Policy for Applicants to State-Funded Housing

Under new policy, a housing provider/landlord cannot automatically deny your application to state-funded rental housing based solely on your credit score or housing court history. **If you have poor credit or negative housing court history, you must be provided with the opportunity to present additional information to explain or refute the findings.**

What is the policy?

- You **CANNOT** be rejected because of your credit score or housing court history if:
 - Your FICO credit score is 580 or above (or 500 if you are homeless),
 - You have limited or nonexistent credit history,
 - Rent subsidies pay your entire rent,
 - Your credit or housing court history is a direct result of a Violence Against Women Act (VAWA)-covered crime (like domestic violence, stalking or harassment), or
 - You have a history of bankruptcy, eviction due to non-payment of rent, or outstanding debt but present evidence of on-time rental payments over the past 12 months.

- You **CANNOT** be rejected based on:
 - Medical debt or student loan debt.
 - Bankruptcies that occurred over 1 year ago.
 - Unpaid debt that is less than \$5,000.
 - Evictions that occurred over 2 years ago
 - Evictions that were not for-cause (like non-payment of rent).
 - Evictions where you were restored to the premises by the court.

What are my rights?

- *Before* rejecting your application, you must be given 14 days to present evidence of circumstances that explain negative credit and housing court findings.
- The housing provider/landlord must conduct an individual evaluation that takes mitigating information, such as errors in the credit report and short-term periods of unemployment/illness, into account.
- If you are denied, you must be told why and you must be provided with a copy of your credit report.

Find more information here: <https://hcr.ny.gov/FEHO-Credit-Policy-Guide>

Fair and Equitable Housing Office: feho@nyshcr.org.



Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act¹

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.² 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 the rental housing or 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

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.

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

² 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.

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 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

WELLSVILLE WOODS 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.

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at FEHO@nycr.ny.gov.

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).

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>.

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at

<https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourceelist.pdf>

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

<https://www.federalregister.gov/documents/2016/12/06/2016-29213/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.

Attachment: Certification form HUD-5332