

# CANTON APARTMENTS

a conifer community.  
www.cantonapts.com  
37 STATE HIGHWAY 310, CANTON, NY 13617  
[E] cantonmanor@coniferllc.com [P] (315) 379-9653 [F] (315) 714-2415  
[TTY] (800) 662-1220

Dear Applicant:

Thank you for your interest in an apartment at Canton Apartments. Please complete the attached application thoroughly and return to the address listed above. **An incomplete application cannot be processed.** The information provided will be held in strict confidence and will only be viewed by the Community Manager to determine eligibility.

Upon submitting your application, please include a non-refundable money order in the amount of **\$15.00 per adult member of the household** (all individuals over the age of 18). Please make this payable to **Canton Apartments.**

Eligibility is based on a number of factors. Your household income must fall below the applicable income limit. In addition, your monthly rental payment will be based on your total annual income. We will also be conducting both a credit check and criminal background check upon receipt of your completed application.

By returning this application, you are under no obligation, nor does it guarantee you an apartment. However, it will enable us to determine your eligibility by beginning the verification process. After the completion of an initial screening, your application will be placed on a waitlist according to income categories, on a first come, first serve basis. Once we have an available apartment we will contact you to complete the application process, which will include third party verifications of your income and assets.

Please include a copy of the following: Photo ID, birth certificate, social security card.

Please feel free to contact me at (315) 379-9653 with any questions. I look forward to receiving your application.

Sincerely,

Community Manager  
[cantonmanor@coniferllc.com](mailto:cantonmanor@coniferllc.com)



This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).





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Rev. 10/1/2011

<b><u>FOR MANAGEMENT USE ONLY</u></b>			
<b>Date:</b> _____		<b>Placement:</b> _____	
<b>Time:</b> _____		<b>Date:</b> _____	<b>Time:</b> _____

**APPLICATION**

**Development Name:** North Country Rural Preservation Associates, LP

**Communities Available:** *Please select from the list below (check all that apply):*

- Champion Apartments  
258 Champion Street  
Carthage, New York 13619  
**(Family)**
  
- Hunters Run Apartments  
1000 Hunters Run  
Dexter, New York 13634  
**(Family)**
  
- Canton Apartments  
37 State Highway 310  
Canton, New York 13617  
**(Family)**
  
- LaFarge Senior Apartments  
36421 Penet Square Drive  
LaFargeville, New York 13656  
**(Elderly/Disabled)**
  
- Maple Ridge Apartments  
70 Sawyer Avenue  
Malone, New York 12953  
**(Elderly/Disabled)**
  
- Penet Square Apartments  
36348-36380 Penet Square Drive  
LaFargeville, New York 13656  
**(Family)**
  
- Webster Manor Apartments

180 Webster Street  
Malone, New York 12953  
**(Family)**

Number of bedrooms preferred: \_\_\_\_\_ Expected move in date: \_\_\_\_\_

If this community allows pets, do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what type of animal is it? \_\_\_\_\_

How did you hear about the apartments?

- Newspaper Advertisement
- Community Agency
- Other \_\_\_\_\_
- Radio Ad
- Word of Mouth

All persons desiring to apply for occupancy will be provided the opportunity to submit a complete application. The borrower or rental agent will provide prospective tenants with a written list of all information required for a complete application and offer assistance in completing the application if needed. Our tenant selection criteria is posted in the management office for your inspection. A copy is available to you upon written request.

All information received on this application will be kept in strict confidence and will be used solely for the purpose of determining occupancy eligibility.

**Applicant Head of Household** (Please print)

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

PRESENT AMOUNT OF MONTHLY RENT \$ \_\_\_\_\_ (If Applicable)

**Applicant Co-Head of Household** (Please Print)

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

PRESENT AMOUNT OF MONTHLY RENT \$ \_\_\_\_\_ (If Applicable)

**HOUSEHOLD COMPOSITION:**

Name of Household Member	Sex (circle )	Date of Birth	Social Security Number	Relationship to Head of Household
1.	Male / Female		- -	
2.	Male / Female		- -	
3.	Male / Female		- -	
4.	Male / Female		- -	

Do you expect anyone not listed on this application to be moving in with you in the next 12 months?

Yes  No  If yes, please explain: \_\_\_\_\_

**LANDLORD INFORMATION:**

List all landlords within the past three years, listing most current first on the sheet.

Landlord's Name	Date Resided	
	From	To
Current _____		
Address: _____	City: _____	State: _____ Phone No: (____) _____
Previous _____		
Address: _____	City: _____	State: _____ Phone No: (____) _____
Previous _____		
Address: _____	City: _____	State: _____ Phone No: (____) _____

515 regulations require that all applicants/tenants reveal all sources of income and assets.

**CURRENT EMPLOYMENT STATUS:**

**Head of Household**

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Co-Head of Household**

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employed From \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

**INCOME:**

Annual income is the gross amount of income to be received by all members of the household to be in residence during 12 months following the effective date of your move-in or any subsequent rent calculations.

Household Member	Source of Income (Name and Address)	Gross Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you anticipate any changes in the next 12 months? Yes  No

If yes, please outline \_\_\_\_\_

Does anyone in the household receive any regular contributions or gifts from non-household members?

Yes  No  If yes, please outline \_\_\_\_\_

**ASSETS:**

Assets include checking, savings, CD's, bonds, money market accounts, real property and any other interest bearing accounts.

*Bank/Investment Accounts:*

Type of Asset	Financial Institution (Name and Address)	Account #	Balance (6 months average)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Real Estate:*

1. Have you sold any property on a deed of trust or mortgage whereby you are receiving periodic payments? Yes  No

If yes, - current outstanding balance of contract \$ \_\_\_\_\_ as of \_\_\_\_\_.

Interest Rate \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Payments are  Monthly  Quarterly  Annually  Other \_\_\_\_\_

*(Please attach an amortization schedule.)*

2. Does anyone in the household own any property? Yes  No  If yes:

Type of property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or outstanding loans balance due \$ \_\_\_\_\_

*(Please attach a copy of your most recent tax bill.)*

*Disposed Assets:*

Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

1. Did you have any assets in the last two years not listed above? Yes  No

a. If yes, did you dispose of any assets for less than fair market value? Yes  No  *(This means that the assets were either given away or sold at less than the allotted market value.)*

b. If yes, what were the assets, market value, amount received and date you disposed of the assets?

Assets \_\_\_\_\_

Market Value \$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES:**

COMPLETE THIS SECTION ONLY IF TENANT OR CO-TENANT IS 62 OR OLDER, HANDICAPPED OR DISABLED OF ANY AGE.

Medical Costs: Medical costs include any out-of-pocket medical expenses not covered by insurance (i.e. insurance premiums, prescriptions, hearing aid batteries, doctor visits, etc.)

List Types and MONTHLY amounts:

(Description)

(Amount of Out of Pocket Expense)

_____	_____
_____	_____
_____	_____
_____	_____

**COMPLETE THIS SECTION ONLY FOR CHILDREN 12 AND YOUNGER.**

Childcare Costs: Childcare costs include any expenses incurred to care for child to enable a family member to further his/her education or be gainfully employed (i.e. daycare, babysitter, etc.)

Child Care Provider:	Address	Phone#	Monthly Cost \$
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**DISABILITY OR HANDICAP:**

1. Are you applying for a barrier free, wheelchair accessible apartment? YES  NO
2. Are you applying for status as an “Elderly Household”, where the tenant or co-tenant is 62 or older, or disabled regardless of age as defined by Rural Development? YES  NO   
*If so, do you realize you will be eligible for a \$400.00 deduction and medical deductions? Please realize that your eligibility must be verified.*

**(TC) FULL-TIME STUDENT:**

1. Will all persons in the household be or have been full time students during five calendar months of this calendar year, or the upcoming calendar year, at an educational institution with regular facility and students? YES  NO
2. Will any household members become full time students in the next 12 months? YES  NO  If yes, please explain: \_\_\_\_\_

If **ALL** members of the household are full-time students, does your household meet any of the following exceptions? *If you answered “No” to the above questions, please skip to the next section.*

- a. Will the household be occupied by an individual who is a full-time student and receiving assistance under Title IV of the Social Security Act (TANF)? YES  NO   
**(Applicant/Resident must provide Public Assistance Benefit Letter)**
- b. Will the household be occupied by an individual who is a full-time student enrolled in a Job Training program receiving assistance under the Job Training Partnership Act or under similar Federal, State, or local laws? **(Applicant/Resident must provide Mission Statement from Education Institution).**
- c. Will the household be occupied entirely by full-time students who are single parents and their children and such parents and children are not dependents of another individual other than the other parent? **(Applicant/Resident must provide current federal income tax return)**
- d. Will the household be occupied entirely by full-time students who are married and filing a joint Federal Income Tax Return? **(Applicant/Resident must provide current Federal Income Tax Return)**
- e. Will the household be occupied entirely by full-time students who were previously under the care and placement responsibility of a foster care program? **(Applicant/Resident must provide proof from applicable foster care program)**

**(RD) DEPENDENT OR INDEPENDENT STUDENT:**

1. Will you be at least 24 years old by December 31<sup>st</sup> of the current year in which you are applying for housing? YES  NO
  2. Are you an orphan or ward of the court through the age of 18? YES  NO
  3. Are you a veteran of the US Armed forces? YES  NO
  4. Do you have legal dependents other than a spouse? IE: Children or Elderly dependent parent? YES  NO
  5. Are you a graduate or professional student? YES  NO
  6. Are you married? YES  NO
  7. Are you of legal contract age under state law? YES  NO
- If you answered “yes” to any of the above questions, please skip to the next section. If you answered “no” please answer the next two questions:*
- a. Are you claimed as a dependent on your parents or guardians tax return?

- b. Is your previous address other than your parent's/guardian's and have you established a separate household for at least one year prior to applying for housing?

**GENERAL:**

Do you own a car? Yes  No  License Number \_\_\_\_\_ State \_\_\_\_\_  
(This information is requested to help us better serve your parking needs.)

- Yes  No  Have you or any member of your household ever been convicted of a felony?  
Yes  No  Have you or any member of your household ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?  
Yes  No  Have you or any member of your household every been arrested, charged or convicted for violent criminal activity or an alcohol related activity?  
Yes  No  Do you or any members of your household currently use, manufacture, or distribute illegal drugs?  
Yes  No  Have you or any member of your household ever been terminated/evicted from housing for non-payment of rent?  
Yes  No  Are your bills current with the electric company?  
Yes  No  Will you be able to get light in your name with National Grid?

\* \* \* \* \*

**CERTIFICATION**

I/we certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy.  
I/we certify that if approved, the housing I/we will occupy will be my/our permanent residence and that I/we will not maintain a separate subsidized rental unit in a different location.  
I/we certify that I/we are U.S. citizen or a qualified alien as defined in §3560.11.  
I/we understand that I/we must pay a security deposit for this apartment.

**SIGNATURES:**

\_\_\_\_\_  
Applicant Co-Applicant

Date: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Application Taken By: Date  
(Application will not be considered complete until the Certification & Authorization are signed.)



a conifer community<sup>®</sup>



North Country Rural Preservation Associates, LP  
1000 University Avenue, Suite 500  
Rochester, NY 14607  
(585) 324-0500  
1-800-662-1220 TDD Relay

Communities owned by North Country Rural Preservation Associates, LP includes the following:  
Please mail information back to the community requesting the information.

Canton Apartments #165  
37 State Highway 310  
Canton, NY 13617  
315-379-9653

Champion Apartments # 138  
258 Champion Street  
Carthage, NY 13619  
315-493-1623

Hunters Run # 326  
1000 Hunters Run  
Dexter, NY 13634  
315-639-6263

LaFarge Senior Housing #314  
36421 Penet Square Drive/PO Box 305  
LaFargeville, NY 13656  
315-658-2664

Maple Ridge Senior Housing # 147  
70 Sawyer Ave  
Malone, NY 12953  
518-483-0020

Penet Square Apartments # 328  
36380 Penet Square Drive/PO Box 274  
LaFargeville, NY 13656  
315-658-2664

Webster Manor Apartments # 162  
180 Webster Street  
Malone, NY 12953  
518-483-0165

**AUTHORIZATION**

I/we hereby authorize **CONIFER REALTY, LLC** and its staff or authorized representatives to contact any agencies, offices, groups, organizations or individuals to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in this property USDA, Rural Development 515 housing community managed by **CONIFER MANAGEMENT, LLC**.

**SIGNATURES:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

Date: \_\_\_\_\_

Date: \_\_\_\_\_



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“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

## **HEAD OF HOUSEHOLD**

### **Ethnicity:**

- a.) Hispanic or Latino
- b.) Not Hispanic or Latino

Race: (Mark one or more)

- 1. American Indian/Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White

### **Gender:**

- Male
- Female

## **CO-HEAD OF HOUSEHOLD**

### **Ethnicity:**

- a.) Hispanic or Latino
- b.) Not Hispanic or Latino

Race: (Mark one or more)

- 1. American Indian/Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White

### **Gender:**

- Male
- Female

**Applicant Consent  
Applicant Screening and Criminal Search**

I hereby authorize North Country Rural Preservation Associates, LP, through its designated agent and its employees, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment / salary details, vehicle records, licensing records, and / or any other necessary information. I hereby expressly release North Country Rural Preservation Associates, LP, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and / or federal government agencies, including without limitation, various law enforcement agencies. I understand that should I lease an apartment, North Country Rural Preservation Associates, LP, and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving application methods.

Applicant Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Equal Housing Opportunity  
WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW  
(The Fair Housing Amendments Act of 1988)  
Handicap Accessibility  
TDD/TTY: (800) 662-1220



## Homes and Community Renewal

ANDREW M. CUOMO  
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. Arrest records that were resolved in your favor;
2. Youthful offender adjudications;
3. Pending arrests with adjournments in contemplation of dismissal;
4. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
5. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
6. Convictions that were excused by pardon, overturned on appeal or vacated;
7. Convictions or pending arrests that do not involve physical violence to persons or property, or affected the health, safety and welfare of others

#### **You Cannot Be Asked About 1-5 Above**

If a housing provider asks you about such matters, you may answer as if the protected arrest, conviction or adjudication never occurred. For more information on this protection, including how to file a complaint if you believe you have been discriminated against, see the New York State Division of Human Right's [Protections Under the Law for People with Arrest and Conviction Records \(https://dhr.ny.gov/protections-people-arrest-and-conviction-records\)](https://dhr.ny.gov/protections-people-arrest-and-conviction-records).

#### **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. What evidence do you have about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)?

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@nyshcr.org](mailto:feho@nyshcr.org) for assistance. More information is available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies>

## **NOTICE DISCLOSING RESIDENTS' RIGHTS TO REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES**

### Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact your Community Manager by calling (315) 379-9653, or by e-mailing [cantonmanor@coniferllc.com](mailto:cantonmanor@coniferllc.com). You will need to show your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, mental, or medical impairment, you can request:

- Permission to change the interior of your housing unit to make it accessible (however, you may be required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out);
- Changes to your housing provider's rules, policies, practices, or services;
- Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

### How to File a Complaint

A complaint must be filed with the Division within one year of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to [www.dhr.ny.gov](http://www.dhr.ny.gov), or by calling 1-888-392-3644 with questions about your rights. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.



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## **New York State Housing and Anti-Discrimination Disclosure Form**

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Federal, State and local Fair Housing and Anti-discrimination Laws provide comprehensive protections from discrimination in housing. It is unlawful for any property owner, landlord, property manager or other person who sells, rents or leases housing, to discriminate based on certain protected characteristics, which include, but are not limited to **race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status**. Real estate professionals must also comply with all Fair Housing and Anti-discrimination Laws.

### **Real estate brokers and real estate salespersons, and their employees and agents violate the Law if they:**

- Discriminate based on any protected characteristic when negotiating a sale, rental or lease, including representing that a property is not available when it is available.
- Negotiate discriminatory terms of sale, rental or lease, such as stating a different price because of race, national origin or other protected characteristic.
- Discriminate based on any protected characteristic because it is the preference of a seller or landlord.
- Discriminate by “steering” which occurs when a real estate professional guides prospective buyers or renters towards or away from certain neighborhoods, locations or buildings, based on any protected characteristic.
- Discriminate by “blockbusting” which occurs when a real estate professional represents that a change has occurred or may occur in future in the composition of a block, neighborhood or area, with respect to any protected characteristics, and that the change will lead to undesirable consequences for that area, such as lower property values, increase in crime, or decline in the quality of schools.
- Discriminate by pressuring a client or employee to violate the Law.
- Express any discrimination because of any protected characteristic by any statement, publication, advertisement, application, inquiry or any Fair Housing Law record.

### **YOU HAVE THE RIGHT TO FILE A COMPLAINT**

**If you believe you have been the victim of housing discrimination** you should file a complaint with the New York State Division of Human Rights (DHR). Complaints may be filed by:

- Downloading a complaint form from the DHR website: [www.dhr.ny.gov](http://www.dhr.ny.gov);
- Stop by a DHR office in person, or contact one of the Division’s offices, by telephone or by mail, to obtain a complaint form and/or other assistance in filing a complaint. A list of office locations is available online at: <https://dhr.ny.gov/contact-us>, and the Fair Housing HOTLINE at (844)-862-8703.

You may also file a complaint with the NYS Department of State, Division of Licensing Services. Complaints may be filed by:

- Downloading a complaint form from the Department of State’s website [https://www.dos.ny.gov/licensing/complaint\\_links.html](https://www.dos.ny.gov/licensing/complaint_links.html)
- Stop by a Department’s office in person, or contact one of the Department’s offices, by telephone or by mail, to obtain a complaint form.
- Call the Department at (518) 474-4429.

There is no fee charged to you for these services. It is unlawful for anyone to retaliate against you for filing a complaint.



# Division of Licensing Services

New York State  
Department of State, Division of Licensing Services  
(518) 474-4429  
[www.dos.ny.gov](http://www.dos.ny.gov)

New York State  
Division of Consumer Rights  
(888) 392-3644

## New York State Housing and Anti-Discrimination Disclosure Form

For more information on Fair Housing Act rights and responsibilities please visit <https://dhr.ny.gov/fairhousing> and <https://www.dos.ny.gov/licensing/fairhousing.html>.

This form was provided to me by Susan Sturman Jennings (print name of Real Estate Salesperson/  
Broker) of Conifer Realty, LLC (print name of Real Estate company, firm or brokerage)

(I)(We) \_\_\_\_\_

(Buyer/Tenant/Seller/Landlord) acknowledge receipt of a copy of this disclosure form:

Buyer/Tenant/Seller/Landlord Signature \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Tenant/Seller/Landlord Signature \_\_\_\_\_ Date: \_\_\_\_\_

Real Estate broker and real estate salespersons are required by New York State law to provide you with this Disclosure.

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

### **To all Residents 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 the program(s) and/or rental assistance at your property are 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 program(s) and/or rental assistance at your property, 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 Residents**

If you are receiving assistance under the program(s) and/or rental assistance at your property, 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 program(s) and/or rental assistance at your property 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, Resident, or lawful occupant living in your household.

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

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 chooses to remove the abuser or perpetrator, may not take away the rights of eligible Residents to the unit or otherwise punish the remaining Residents. If the evicted abuser or perpetrator was the sole Resident to have established eligibility for assistance under the program, must allow the Resident 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, must follow Federal, State, and local eviction procedures. In order to divide a lease, may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

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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.



## Moving to Another Unit

Upon your request, 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, 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, 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 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.** 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.

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. 's emergency transfer plan provides further information on emergency transfers, and 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

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 must be in writing, and 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. 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 as documentation. It is your choice which of the following to submit if 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 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 has agreed to accept.

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

If 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), 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, does not have to provide you with the protections contained in this notice.

### **Confidentiality**

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.

must not allow any individual administering assistance or other services on behalf of (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.

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

- You give written permission to to release the information on a time limited basis.
- 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 or your landlord to release the information.

VAWA does not limit '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 Resident 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, cannot hold Residents who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to Residents 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 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 Residents or those who work on the property.

If can demonstrate the above, 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 directly with HUD, here:

[https://portal.hud.gov/hudportal/HUD?src=/topics/housing\\_discrimination](https://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination)

**For Additional Information**

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

<https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf>

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

For questions regarding VAWA, please contact your Community Manager.

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 Residents 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>.

A Resource Guide can be provided for you upon request, with local and national organizations and contact information.

**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  
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**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): _____ _____ _____ _____
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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.