

# BLUE HERON TRAIL

Dear Prospective Blue Heron Trail Resident:

Thank you for your interest in Blue Heron Trail. We are very excited about this brand new affordable apartment community and look forward to you seeing it! We will be creating a wait list on a first-come first-serve basis. It is imperative that you complete the enclosed application immediately and return it to us upon receipt. Your completed application is all that is needed at this time.

Enclosed you will find:

- 1) Income Limits & Rents
- 2) Rental Application

So that we may process your application as quickly as possible, please read the following important information regarding Blue Heron Trail:

- Please be sure to **complete all items on the rental application, sign and date** before returning it in the enclosed envelope. If something does not apply, please write "N/A". All adult members of the household must sign the application.
- Our leasing office hours are Monday – Friday 8 am – 4:30 pm; and Saturday 10 am – 2 pm. Our office is located at 8000 Blue Heron Way, Ballston Spa, NY 12020, at the corner of NYS Route 67 and Eastline Road in the Town of Ballston Spa.
- If you appear eligible, and your application is complete, we will prescreen your application, which includes a criminal and credit background check, and verification of landlord references. We will contact you regarding the next steps in the application process, which includes an interview.

Thank you again for your interest in Blue Heron Trail, we look forward to speaking with you soon!



a conifer community®  
www.liveatblueheron.com

8000 BLUE HERON WAY, BALLSTON SPA, NY 12020

[E] blueherontrail@coniferllc.com [P] (518) 309-6020 [F] (518) 309-6022 [TTY] (800) 662-1220



# BLUE HERON TRAIL

<b>Blue Heron Trail Phase I Rent Schedule &amp; Income Guidelines*</b>			
<b>Unit Size</b>	<b>Rent Rate</b>	<b>Minimum Income</b>	<b>Maximum Income Limits</b>
<b>1 BR (60%)</b>	\$833	\$21,060	1 Person - \$36,300 2 People - \$41,520
<b>1 BR (90%)</b>	\$972	\$24,396	1 Person - \$54,450 2 People - \$62,280
<b>1 BR (130%)</b>	\$1,080	\$26,988	1 Person - \$78,650 2 People - \$89,960
<b>2 BR (60%)</b>	\$1,003	\$25,320	2 People - \$41,520 3 People - \$46,680 4 People - \$51,840
<b>2 BR (90%)</b>	\$1,134	\$28,464	2 People - \$62,280 3 People - \$70,020 4 People - \$77,760
<b>2 BR (130%)</b>	\$1,260	\$31,488	2 People - \$89,960 3 People - \$101,140 4 People - \$112,320
<b>3 BR (60%)</b>	\$1,162	\$29,292	3 People - \$46,680 4 People - \$51,840 5 People - \$56,040 6 People - \$60,180
<b>3 BR (90%)</b>	\$1,337	\$33,492	3 People - \$70,020 4 People - \$77,760 5 People - \$84,060 6 People - \$90,270
<p><b>*The tax credit program is designed to qualify applicants that have met the minimum yearly gross income per household. Each household must fall within the below pre-determined maximum gross income range established by HUD in order for your application to meet the income qualification.</b></p>			



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8000 BLUE HERON WAY, BALLSTON SPA, NY 12020





# RENTAL APPLICATION



**Blue Heron Trail I**  
 8000 Blue Heron Way  
 Ballston Spa NY 12020  
 Phone: (518) 309-6020, TTY: (800) 662-1220

**ALL ADULTS 18 YEARS OF AGE OR OLDER MUST BE INCLUDED ON THE APPLICATION.**

APPLICANT CONTACT INFORMATION			
APPLICANT NAME		STREET ADDRESS (Present)	
HOME PHONE (    )		CITY, STATE, ZIP	
MOBILE PHONE (    )	WORK PHONE (    )	CURRENT MONTHLY RENT \$	
REASON FOR MOVING		EMAIL	
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:			

HOUSEHOLD INFORMATION
<p><i>Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months. (Please include unborn children.) Please list <b>all</b> states in which <b>every</b> household member has lived. (This disclosure is mandatory under HUD rules; criminal screening will be reviewed for each state via national criminal and sex offender databases. Failure to provide a complete list will result in rejection of the application.)</i></p>

\*S = SINGLE / M = MARRIED / W = WIDOWED / SEP = SEPARATED / D = DIVORCED

**FOR THE HEAD OF HOUSEHOLD:** *Please complete this section for the Head of Household only.*

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD  <b>HEAD</b>	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:** *Please complete each of the following sections for each individual household members.*

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**A. General Information:**

Do you own a pet?	TYPE	BREED	WEIGHT	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you benefit from special features of an accessible apartment?	Check all that apply: <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <input type="checkbox"/> HEARING IMPAIRED <input type="checkbox"/> VISUALLY IMPAIRED			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from or are in the process of being evicted from an apartment?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted or are in the process of being convicted of a felony?	If YES, date of conviction: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from Federally Assisted housing for drug-related activity in the last 3 years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is anyone listed on this application subject to any state lifetime sex offender registration requirement?				<input type="checkbox"/> YES <input type="checkbox"/> NO

**B. Household Composition:**

If applicable, do all of the children in the household live with you 50% or more of the time?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any absent household members who under normal conditions would live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will you or any adult household member require a live-in care attendant to live independently?	NAME	RELATIONSHIP	<input type="checkbox"/> YES <input type="checkbox"/> NO

**C. Additional Household Eligibility:**

What size bedroom are you applying for?	Check all that apply: <input type="checkbox"/> STUDIO <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOM <input type="checkbox"/> 3 BEDROOM <input type="checkbox"/> OTHER		
Would you consider yourself or your spouse frail elderly?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you enlisted in the US Military or a veteran of the US Military?	Check all that apply: <input type="checkbox"/> ENLISTED <input type="checkbox"/> RESERVE <input type="checkbox"/> VETERAN		
Are you the spouse of a deceased veteran of the US Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you a victim of a recent presidentially declared disaster or of a government action?	Please explain: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive any assistance in paying your utility bills?	Check all that apply: <input type="checkbox"/> HEAP <input type="checkbox"/> LEAP <input type="checkbox"/> OTHER _____		
Are you currently receiving housing assistance from HUD or a Public Housing Authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently on a Public Housing or subsidized housing waitlist?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently homeless or living in a homeless shelter?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is your reason for moving due to a domestic violence, dating violence, sexual assault, or stalking situation?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**D. Emergency Contact:** (Not someone listed on the application. Please list someone in the immediate area if possible.)

CONTACT NAME(S)		RELATIONSHIP	
HOME PHONE ( )	MOBILE PHONE ( )	WORK PHONE ( )	

**INCOME AND ASSETS**  
*Include income and assets for ALL household members, including children's income and assets.*

A) LIST ALL INCOME SOURCES.  
*This includes, but is not limited to, Full- and/or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces/Reserves, Unemployment, Child Care, Alimony, Child Support, Student Grants/Stipends, Rental income, Gift Income, and Regular Payouts from Annuities, 401ks and IRAs. (Attach sheet as needed for additional Income Sources.)*

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT

*\*\*Attach sheet as needed for additional sources of Household Member income.*

B) LIST ALL ASSETS.  
*This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMA's, CDs, Brokerage accounts, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401k, and 403b, Annuities, Whole Life Insurance policies, Funded/Pre-paid Debit cards, and Online accounts (PayPal, DraftKings, etc.).*

CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CD <input type="checkbox"/>	STOCK <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	FUNDED DEBIT <input type="checkbox"/>	OTHER <input type="checkbox"/>	TOTAL VALUE OF ASSETS:
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MARKET VALUE	IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:						

Signature Clause: (please read)  
 My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law, and could result in the cancellation of a lease agreement.

**APPLICANT SIGNATURES:**

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

**FOR OFFICE USE ONLY**

DATE RECEIVED	TIME RECEIVED	RECEIVED BY:	CHECK ALL THAT APPLY: <input type="checkbox"/> WAITLIST <input type="checkbox"/> LOTTERY <input type="checkbox"/> OTHER _____
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## **Know Your Rights**

### **NEW Anti-Discrimination Guidance Affecting People with Criminal Histories**



**If you are applying for state-funded housing and have a criminal record, you now have rights and protections. Read below to make sure you are not denied housing unjustly.**

There are only **two** mandatory reasons that you can be denied access to state-funded housing:

1. Conviction for methamphetamine production
2. Being a lifetime registrant on a state or federal Sex Offender database

If you have any other type of conviction, **you are eligible to be considered for housing.**

Housing operators will first look at whether your criminal conviction involved physical violence to persons or property, or affected the health, safety and welfare of others. If it did not, they should not consider your conviction in assessing your housing application. If it did, you must be provided with an opportunity to answer the following questions:

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)?

The housing operator must evaluate your answers in determining your eligibility for housing. 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 access to housing, you may contact the Fair and Equitable Housing Office at [feho@nyshcr.org](mailto:feho@nyshcr.org) to obtain assistance.



## **Know Your Rights**

### **NEW Anti-Discrimination Guidance Affecting People with Criminal Histories**





## **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**

The owner 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 the owner chooses to remove the abuser or perpetrator, the owner 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, the owner 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, the owner must follow Federal, State, and local eviction procedures. In order to divide a lease, the owner 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, the owner 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, the owner 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 owner 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 the owner 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.** The owner 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.

The owner 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.

The owner's emergency transfer plan provides further information on emergency transfers, and the owner 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**

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

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

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

### **Confidentiality**

The owner 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.

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

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

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

VAWA does not limit the owner’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, the owner 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 the owner 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 the owner can demonstrate the above, the owner 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  
Exp. 06/30/2017

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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.