conifer®

PARTNERS IN BUILDING COMMUNITY

FOR OFFICE USE ONLY

DATE AND TIME STAMP:

RECIEVED BY: _____

Towpath Manor Apartments
757 Towpath III Limited Partnership 201 Canal Street Palmyra, NY 14522-0000
PHONE: (315) 597-4047 TTY: (800) 662-1220 EMAIL: towpathmanor@coniferllc.com

RENTAL APPLICATION

APPLICANT NAME	STREET ADDRESS (Present)
PHONE ( )	CITY, STATE, ZIP
REASON FOR MOVING	EMAIL
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:	

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? Check all that apply: ❑ STUDIO ❑ 1 BEDROOM ❑ 2 BEDROOM ❑ 3 BEDROOM ❑ OTHER

Please note: applicants may go on more than one bedroom size waitlist if they are eligible or need a reasonable accommodation for another bedroom size

REASONABLE ACCOMMODATION: If you are an individual with disabilities, you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, please ask the Community Manager.

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.

FOR THE HEAD OF HOUSEHOLD:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD: **HEAD**	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO

INCOME SOURCE(S):

EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY

UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____

ASSET SOURCE:

CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS:** _____

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO

INCOME SOURCE(S):

EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY

UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____

ASSET SOURCE:

CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS:** _____

EQUAL HOUSING OPPORTUNITY

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS: _____**		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS: _____**		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS: _____**		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS: _____**		

General Information:

Would you benefit from any of the below special features of an accessible apartment?	
WHEELCHAIR ACCESSIBLE	❑ YES ❑ NO
VISUALLY IMPAIRED	❑ YES ❑ NO
HEARING IMPAIRED	❑ YES ❑ NO
Will you or any adult household member require a live-in care attendant to live independently? If YES, Name and Relationship of caretaker: _____	❑ YES ❑ NO
Other General Information	
Do you own a pet? Type _____Breed_____ Weight _____	❑ YES ❑ NO
Has anyone 18 or older listed on this application been convicted of a felony? If YES, date of conviction: _____	❑ YES ❑ NO
Has anyone 18 or older listed on this application been convicted manufacturing of a controlled substance?	❑ YES ❑ NO
Is anyone 18 or older listed on this application subject to any state lifetime sex offender registration requirement?	❑ YES ❑ NO
*HCR's History of Criminal Legal System Involvement Policy requires housing providers to conduct individualized assessments before denying housing to applicants with a criminal legal system involvement history. More information can be found here: https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies	

A. Household Composition:

If applicable, do all of the children in the household live with you 50% or more of the time?	❑ YES ❑ NO
Are there any absent household members who under normal conditions would live with you?	❑ YES ❑ NO

Signature Clause:
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:
(All Applicants 18 and over)

_____	_____	_____
Printed Name	**Signature**	**Date**
_____	_____	_____
Printed Name	**Signature**	**Date**
_____	_____	_____
Printed Name	**Signature**	**Date**
_____	_____	_____
Printed Name	**Signature**	**Date**

EQUAL HOUSING OPPORTUNITY

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

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

NEW YORK STATE OF OPPORTUNITY. | Division of Licensing Services

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

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

New York State Housing and Anti-Discrimination Disclosure Form

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;
- 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
- 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.

New York State
Department of State, Division of Licensing Services
(518) 474-4429
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 Kristen L. Durham (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.

conifer
PARTNERS IN BUILDING COMMUNITY

WAITLIST PRIORITY & PREFERENCE QUESTIONNAIRE

Certain communities have waitlist and resident selection preferences/priorities for selecting residents, that determines the order in which applications are processed. The questions below help identify any potential priorities or preferences for your household. This information is only for waitlist processing and does not affect your eligibility for housing. A copy of the Resident Selection Plan for this community is available on request.

Would you consider yourself or any other household member frail elderly?	❑ YES ❑ NO
Is any household member a person with disabilities?	❑ YES ❑ NO
Is any household member enlisted in the US Military or a veteran of the US Military?	
Definition of a Veteran: Those who have served in the armed forces of the United States:: (i) for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii	
Enlisted	❑ YES ❑ NO
Reserve	❑ YES ❑ NO
Veteran	❑ YES ❑ NO
Is any household member a spouse of a deceased veteran of the US Military?	❑ YES ❑ NO
Is any household member a victim of a recent presidentially declared disaster or of a government action? **Please explain**:	❑ YES ❑ NO
Does any household member receive any assistance paying utility bills?	
HEAP	❑ YES ❑ NO
LEAP	❑ YES ❑ NO
Other:	❑ YES ❑ NO
Is any household member currently receiving housing assistance from HUD or a Public Housing Authority?	❑ YES ❑ NO
Is any household member currently on a Public Housing, subsidized, or other affordable housing program waitlist? Please name the waitlist provider(s):_____	❑ YES ❑ NO
Is any household member currently homeless or living in a homeless shelter?	❑ YES ❑ NO

APPLICANT SIGNATURES:

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

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act §208 (a)(6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. §408 (a)(6), (7) and (8).

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Notice of Occupancy Rights under the Violence Against Women Act[1] (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.[2] 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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[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.

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

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.