

## Birches at Esopus

### **RENTAL PRE-APPLICATION**

(Affordable Programs)

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS PRE-APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Instructions for Head of Household:

- If this box is checked, this is a community that has age-restricted apartments as noted below:
- At least one household member must be 55 years of age or older.
1. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout").
  2. All household members (aged 18 or older) must sign and date the Pre-Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household's pre-application to be declined.**
  3. As long as your pre-application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation, or household composition (if you need to add or remove a person from your pre-application). It is also your responsibility to respond to all waitlist updates within 30 days of receipt. These updates will be sent to the address we have on file.
  4. After we receive your pre-application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your pre-application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your pre-application will be declined. We will process your pre-application according to our standard procedures, which are summarized in the Tenant Selection Plan. If there is no wait for an apartment and your pre-application appears to be eligible, we will contact you to continue processing your pre-application.
  5. Filling out a pre-application does not guarantee eligibility for an apartment at our community.

NOTE: Upon request to the Management Agent, you have the right to receive a copy of the Resident Selection Plan which summarizes the pre-application process including eligibility and screening requirements for occupancy in this Community.

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់កម្រិត ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه، أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (845) 338-6173 or TTY 711

## Rental Pre-Application for Birches at Esopus

35 Dick Williams Lane, Ulster Park, NY 12487

TEL: (845) 338-6173 TTY: 711

EMAIL: BirchesAtEsopus@BeaconCommunitiesLLC.com

**This form must be filled out in English. Please print neatly in ink. All fields are required.  
Read the instructions on the cover page before completing each item.**

### 1. Name and address of head of household (HOH)

Last Name First Name Middle Initial

Mailing Address Apartment Number

City State Zip Code

( )  
Area Code / Telephone Number  Home  Cell  Work

Email Address

2. Bedroom size requested?  1-BR  2-BR  Accessible

3. How many children under 18 in your household? \_\_\_\_\_

4. List all the States where all household members have lived:

**Note: If your and/or your household member(s) criminal record is SEALED, you may answer "NO" to the applicable questions asked below.**

5a. Have you or any household member been convicted of, found guilty, or pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense?  Yes  No

5b. Have you or any family member been convicted or found guilty for the manufacture of methamphetamines on the premises of a federally assisted unit?  Yes  No

5c. Are you or any member of your household a lifetime registered sex offender?  Yes  No

If "Yes", for which States: \_\_\_\_\_

6. Does the household currently have a section 8 (mobile) voucher (e.g. Housing Choice Voucher, MRVP, HUD-VASH, etc.)?  Yes  No

If Yes, list Agency: \_\_\_\_\_

7. Do you or does any member of your household need any specific features or unit designs, such as wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance?  Yes  No

If Yes, please describe \_\_\_\_\_

**8. List yourself and all others who will live with you. Include all unborn children and live-in aides.**

| # | Relation          | Last Name | First Name | Social Security Number | Birthdate<br>(mm/dd/yyyy) | Student Status<br>(Y/N)<br>(FT/PT) | U.S. Veteran Status<br>(Y/N) |
|---|-------------------|-----------|------------|------------------------|---------------------------|------------------------------------|------------------------------|
| 1 | Head of Household |           |            |                        |                           |                                    |                              |
| 2 |                   |           |            |                        |                           |                                    |                              |
| 3 |                   |           |            |                        |                           |                                    |                              |
| 4 |                   |           |            |                        |                           |                                    |                              |
| 5 |                   |           |            |                        |                           |                                    |                              |
| 6 |                   |           |            |                        |                           |                                    |                              |
| 7 |                   |           |            |                        |                           |                                    |                              |
| 8 |                   |           |            |                        |                           |                                    |                              |

**8a. Do you anticipate a change in your household composition in the next 12 months?**  Yes  No

If "Yes," please explain: \_\_\_\_\_

If you do not have a Social Security number, please answer the following questions:

Were you 62 years of age or older as of 1/31/2010 and receiving subsidy as of 1/31/2010?  Yes  No

Are you claiming eligible immigration status?  Yes  No

Is a child age 6 years or younger that was added to the household within the last 6 months?  Yes  No

**8b. Are any family members temporarily absent from the home?**  Yes  No

**9. Optional Information: Gender, Ethnicity, Race and Disability Status of Household Members**

| # | Gender<br>(Male, Female, Decline) | Ethnicity<br>(Hispanic, Non-Hispanic, Decline) | Race<br>(White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other or Decline) | Disabled<br>(Y/N) |
|---|-----------------------------------|--|--|-------------------|
| 1 |                                   |  |  |                   |
| 2 |                                   |  |  |                   |
| 3 |                                   |  |  |                   |
| 4 |                                   |  |  |                   |
| 5 |                                   |  |  |                   |
| 6 |                                   |  |  |                   |
| 7 |                                   |  |  |                   |
| 8 |                                   |  |  |                   |

**10. Income and assets for all household members. Provide gross (not net) amounts for all questions.**

10a. Total monthly income \$ \_\_\_\_\_  
*Include income from all family members. You may estimate. Put zero (0) if no income.*

10b. Income Source(s): *Check all that apply.*

- Wages                       SSA                       SSI – Federal                       SSI – State
- Child support/Alimony     Pension                       Unemployment                       Public Assistance
- Interest/annuity income    Worker’s Compensation    Someone pays my bills/gives me money
- Other income source: \_\_\_\_\_                       Household has no income

10c. Value of household assets \$ \_\_\_\_\_  
*Assets include bank accounts, investments, and real estate of all household members.*

**11. Do you anticipate a change in your household income in the next 12 months?**

- Yes             No
- If Yes, please explain* \_\_\_\_\_

**12. How did you hear about us?**

- Advertising: \_\_\_\_\_
- Website: \_\_\_\_\_
- Social Media: \_\_\_\_\_
- Friend: \_\_\_\_\_
- Community Agency/Program: \_\_\_\_\_
- Other: \_\_\_\_\_

**13. Smoke-Free Community**

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community.  
\_\_\_\_\_ (Initial here)

**14. What is your current housing situation?**             Own             Rent             Other

*If “Other,” please explain* \_\_\_\_\_

**15. What is the current monthly rent or mortgage payment?**    \$ \_\_\_\_\_

**16. What is the approximate cost of utilities paid by you?** *(excluding phone, cable TV & Internet)* \$ \_\_\_\_\_

**Certification of applicant:** I/We certify that all information in this pre-application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this pre-application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign pre-application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this pre-application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Pre-Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this pre-application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership/NDC Real Estate Management LLC, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age, or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

X \_\_\_\_\_  
Signature of Head of Household Date

X \_\_\_\_\_  
Signature of Spouse or Co-Head Date

X \_\_\_\_\_  
Signature of Co-Head Date

X \_\_\_\_\_  
Signature of Co-Head Date

**PENALTIES FOR MISUSING THIS CONSENT:** 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 of 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 for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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

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 make a reasonable accommodation request, you should contact your property manager by calling at [\(845\) 338-6173 TTY 711](tel:8453386173) or e-mailing at [BirchesAtEsopus@BeaconCommunitiesLLC.com](mailto:BirchesAtEsopus@BeaconCommunitiesLLC.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 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.

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

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

Examples of reasonable accommodations that may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, your housing provider may be required to provide a ramp or other reasonable means to permit you to enter the building;
- If your doctor provides documentation that having an animal will assist with your disability, you should be permitted to have the animal despite a "no pet" rule;
- If you need grab bars in your bathroom, you can request an accommodation to have them installed . If your housing was built for first occupancy after March 13, 1991, and the walls need to be reinforced for grab bars your housing provider must pay for that to be done;
- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space or place you at the top of the waiting list if no adjacent spot is available; or
- If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be available to you electronically, you can request that accommodation from your landlord.

**Required Accessibility Standards**

All buildings constructed for use after March 13, 1991, are required to meet the following standards:

- Public and common areas must be readily accessible to and usable by persons with disabilities;
- All doors must be sufficiently wide to allow passage by persons in wheelchairs; and
- All multi-family buildings must contain accessible passageways fixtures, outlets, thermostats, bathrooms, and kitchens. If you believe that the building does not meet these standards, you can file a complaint with the New York State Division of Human Rights.

**How to file a complaint**

A complaint must be filed 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. You can obtain a complaint form on the web site or one can be mailed or e- mailed to you. You can also call or e-mail a division regional office. The regional offices are listed on the website.



**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.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other:                              |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> 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 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.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> 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 Homes and Community Renewal (NYSHCR) Application Addendum – Guidelines for Background Checks**

These guidelines shall be attached to and made a part of the affordable rental application and will outline what the housing provider, Beacon Residential Management Limited Partnership d/b/a BRM (“Management”), must provide to an applicant with the application, including but not limited to, information that explains the policies and procedures with regard to background checks. The applicant has the right to present evidence of rehabilitation.

Management will review the application and submitted documentation and run background checks when the applicant’s name approaches the top of a waiting list. The applicant may also request a copy of the current Resident Selection Plan (RSP) from Management and refer to the sections on applicant screening contained therein.

Management will request a credit and criminal background check for all household members, 18 years of age and older, and may review any available public source of background information including, but not limited to, state agency and state judicial websites. Management obtains credit and criminal background information from CoreLogic.

The property performs a multi-state criminal background check on all adults who will live in the community. “Adult” is defined as any person who is 18 years of age or older at the time of the application. All eligible applicants (and dependents 18 years of age or older) will be subject to a criminal background check and must meet the guidelines listed below. No applicants will be approved until after the background report has been reviewed and accepted by Management.

Any individuals acting as financial guarantors do not have occupancy rights. Therefore, multi-state criminal background checks will not be performed on these individuals.

Pursuant to the New York State Homes and Community Renewal (NYSHCR) Guide, Management will apply New York State’s Anti-Discrimination Policy when assessing justice-involved applicants for state-funded housing (hereinafter referred to as “NYSHCR’s re-entry policy and procedures”). In NY, it is mandatory to deny applicants who have the following characteristics:

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

Management may ONLY consider convictions or pending arrests for:

- Offenses that involved physical danger; or
- Pending arrests for offences that involved physical danger; or
- Violence to persons or property; or
- Violence that adversely affected the health, safety and welfare of other people.

Management is required to conduct an individual assessment of each applicant in accordance with NYSHCR’s re-entry policy and procedures and must use the worksheet provided by NYSHCR to document the process undertaken when deciding whether to accept or reject an applicant. This worksheet must be completed and maintained in the applicants file for at least two years.

All applicants will be given an opportunity to review and explain any conviction record to Management before any final decision regarding tenancy is made.

If an application is denied, the applicant must be provided with any documentation used to deny his or her application, an explanation of the denial of housing, and be given the opportunity to respond. There may be no less than fourteen (14) business days between and applicant receiving the notice and documentation used to for the denial and the applicant’s opportunity to respond.

All applicants who are denied based on their credit history will be provided “Know Your Rights: New York State’s Credit Policy for Applicants to State-Funded Housing” twice; once upon discovery of the negative credit history and again upon declination for credit history.

All applicants who are denied based on their criminal history will be provided “Know Your Rights: New York State’s Anti-Discrimination Policy When Assessing Justice-Involved Applicants for State-Funded Housing” twice; once upon discovery of the negative criminal history and again upon declination for criminal history.





ANDREW M. CUOMO  
Governor

## Homes and Community Renewal

RUTHANNE VISNAUSKAS  
Commissioner/CEO

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

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

#### What is the policy?

- You **CAN** avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months.
- You **CANNOT** be rejected because of your credit score or credit history if:
  - Your FICO credit score is 580 or above (or 500 if you are homeless),
  - You have limited or nonexistent credit history,
  - Rent subsidies pay your entire rent,
  - Your credit score or credit history is a direct result of a Violence Against Women Act (VAWA)-covered crime (like domestic violence, stalking or harassment), or
  - You have a history of bankruptcy or outstanding debt but present evidence of on-time rental payments over the past 12 months.
- You **CANNOT** be rejected based on:
  - Medical debt or student loan debt.
  - Bankruptcies that occurred over 1 year ago.
  - Unpaid debt that is less than \$5,000.
  - A past eviction or housing court history.
  - Limited or no rent or credit history.

#### What are my rights?

- Housing providers must accept evidence that you paid your last 12 months rent in full and on time instead of requiring a credit check.
- Housing providers may only reach out to your current or previous landlord without your permission to obtain information on major lease violations.
- Housing providers are limited in the fees that they can charge you:
  - A housing provider cannot charge you a credit or background check fee if you provide one to them that was run within the last 30 days.
  - A housing provider may not charge you more than \$20 or the actual cost (whichever is less), to run both a credit check and a background check.
- *Before* rejecting your application based on your credit report, you must be given 14 days to present evidence of circumstances that explain negative credit findings such as errors in the credit report and short-term periods of unemployment/illness.
- If you are denied, you must be told why and you must be provided with a copy of your credit report and background check.

Find more information about your rights when applying to state-funded housing, including if you have a criminal convictions, here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies>





ANDREW M. CUOMO  
Governor

## Homes and Community Renewal

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

NYS HCR Fair and Equitable Housing Office (FEHO) - <https://hcr.ny.gov/fair-housing>  
Form date: 03/02/2020





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

**U.S. Department of Housing  
and Urban Development**

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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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

