



Name: _____ Day Phone: (____) _____ Evening Phone: (____) _____

Address: _____
Street City State Zip

How long have you resided here? _____ to _____ Reason for moving: _____

Does your current housing meet basic standards of health and safety? Yes No

Previous Address: _____
Street City State Zip

How long did you reside here? _____ to _____ Reason for moving: _____

Name of your **PRESENT** Landlord*: _____ Phone Number: (____) _____

Address of your **PRESENT** Landlord*: _____
Street City State Zip

Name of your **PREVIOUS** Landlord*: _____ Phone Number: (____) _____

Address of your **PREVIOUS** Landlord*: _____
Street City State Zip

If no Landlord is available (owned residence, lives with family, etc.), you MUST provide contact information for two personal references (CANNOT be related to applicants)

List **ALL** persons who will live in the apartment. List Head of Household first.

Last Name	First Name	MI	Relationship To Head of Household	Date of Birth	Student?	Gender?	Disabled/Handicapped? (Y/N)	Social Security Number
			Head					

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

Race:

- White
- Black or African American
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Asian
- Decline to Answer

Ethnicity:

- Hispanic/Latino
- NON-Hispanic/Latino
- Decline to Answer

Gender:

- Male
- Female
- Decline to Answer

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.



INCOME & ASSET INFORMATION

GROSS MONTHLY AMOUNTS

TYPE OF INCOME	HEAD	CO-HEAD	ALL OTHER OCCUPANTS
Wages	\$	\$	\$
Unemployment	\$	\$	\$
Social Security	\$	\$	\$
Public Assistance	\$	\$	\$
Pensions/Annuity	\$	\$	\$
Disability/SSI	\$	\$	\$
Child	\$	\$	\$
Other	\$	\$	\$

TOTAL VALUE

TYPE OF ASSET	HEAD	CO-HEAD	ALL OTHER OCCUPANTS
Savings Account(s)	\$	\$	\$
Checking Account(s)	\$	\$	\$
CDs, IRA, 401k, Etc.	\$	\$	\$
Stocks & Bonds	\$	\$	\$
Real Property	\$	\$	\$
Cash on Hand	\$	\$	\$
Any Other	\$	\$	\$

Do you receive any rental assistance (Section 8) at your current residence? Yes No If Yes, \$_____ / month

Have you or any member of the household ever been convicted of a felony? Yes No

If yes, explain:

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes No

Your signature(s) on the following page serves as written permission for Riverbend Apartments to obtain a Consumer Report (credit history), criminal background and previous landlord references. Riverbend Apartments may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants of legal age. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Riverbend Apartments may cancel and annul any lease given in reliance upon such information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.



All Applicants age 18 and older MUST sign this application.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed. I/We have completed all or part of this application at the request of the applicant(s):

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Arbor Housing and Development
26 Bridge Street, Corning NY 14830
Phone: 607-654-7487 Fax: 607-973-2202

All applications are subject to criminal background checks as well as credit checks. In the case of rejection, applicant will be provided notice of such rejection in writing within 10 calendar days of submitting the application to Riverbend Apartments. Applicant is afforded 10 calendar days following notification of rejection to request an appeal, in writing, of the rejection decision.

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Notice to All Applicants

Options for Applicants with Disabilities or Handicap

This property is managed by Arbor Housing and Development, Inc., located at 26 Bridge Street, Corning, New York 14830.

Arbor Housing and Development provides assisted housing to the general public in New York State. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, sexual orientation, national origin, familial status, disability or handicap. In addition, we have an obligation to provide “reasonable accommodations” to applicants if they or any household member(s) have a disability or handicap.

The Fair Housing Act defines a person with a disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. A reasonable modification is a structural change made to existing premises, occupied by a person with a disability, in order to afford such person full enjoyment of the premises. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a household member in a wheelchair;
- Installing strobe-type flashing light smoke detectors in an apartment for a household with a hearing impaired member;
- Permitting a household to have a seeing-eye dog to assist a vision-impaired household member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property’s applicant screening criteria.

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire found on the following page. This information is needed so that we may assign you a unit appropriate to any needs that exist for your household. Your answers will be verified through a 3rd party who is aware and/or has treated the disability or handicap. If, however, there are no household members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice to not complete this document will not in any way affect the processing of your application for an apartment.

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Housing Requirements Questionnaire

Name of Applicant (Head of Household): _____

I choose not to complete this form

1. Do you or does any member of your household have a condition that requires?

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> A one-level apartment |
| <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> A barrier free apartment |
| <input type="checkbox"/> Unit for vision-impaired | <input type="checkbox"/> Physical modifications of apartment |
| <input type="checkbox"/> Special parking space | <input type="checkbox"/> Unit on the first floor |
| <input type="checkbox"/> Other: _____ | |

2. If you checked any of the above listed categories, please explain exactly what accommodation or modification you would need? _____

3. Does any household member need special features to go up and down stairs other than traditional railings?

- Yes No

4. Will you or any of your household members require a live-in aide to assist you?

- Yes No

5. Will you be able to provide direct contact information (name, mailing address, and phone number) for a 3rd party that can attest to the disability/handicap and the need for an accommodation or modification? A 3rd party capable of verification includes, but is not limited to: a doctor or medical professional, a peer support group or non-medical service agency, or a reliable 3rd party who is in a position to know about the individual's disability.

- Yes No

Applicant Signature (Head of Household)

Date

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Contact Person Information

Please complete the below information if there is a person who will assist you to complete forms or attend appointments. For example: case worker, relative, friend, etc.
By providing this information you are giving permission for a representative from Arbor Housing and Development to discuss your personal information with this person.

Name of Contact or Organization: _____

Contact Address: _____

Contact Telephone Number: _____

Contact E-Mail Address: _____

Reasons for Contact

Please check this box for All Correspondence

Or check each reason that applies

Assist with Application

Emergency

Unable to contact you

Eviction from unit

Late payment of rent

Assist with Recertification

Change in Lease Terms

Change in House Rules

Other: _____

Printed Name of Applicant

Date

Signature of Applicant



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Arbor Housing and Development
Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Arbor Housing and Development** is 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 **Arbor Housing and Development**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Arbor Housing and Development**, 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 **Arbor Housing and Development** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP 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.

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.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and

HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to HP to release the information on a time limited basis.

- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

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 with **HUD Region II New York, Buffalo Field Office, Lafayette Court, 465 Main Street, 2nd Floor, Buffalo, NY 14203-1780** or **1-716-551-5755, 1-716-551-5787 (TTY)**.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>. Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **The National Domestic Violence Hotline** at 1-800-799-7233, 1-800-787-3224 (TTY), or at <https://www.thehotline.org/2018/08/31/protect-violence-against-women-act-ways-to-take-action/>.

For help regarding an abusive relationship, you may call **The National Domestic Violence Hotline** at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the **National Center for Victims of Crime's Stalking Resource Center** at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **RAINN (Rape, Abuse & Incest National Network)** at 1-800-656-4673 and <https://www.rainn.org/>.

Victims of stalking seeking help may contact **SafeHorizon** at 1-800-621-4673 and at <https://www.safehorizon.org/>.

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**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.

**PROVISION OF NOTICE BY HOUSING PROVIDERS OF TENANTS' RIGHTS TO REASONABLE
MODIFICATIONS AND ACCOMMODATIONS FOR PERSONS WITH DISABILITIES.**

466.15 Provision of notice by housing providers of tenants' rights to reasonable modifications and accommodations for persons with disabilities.

(a) Statutory Authority.

Pursuant to N.Y. Executive Law section 295.5, it is a power and a duty of the Division to adopt, promulgate, amend and rescind suitable rules and regulations to carry out the provisions of the N.Y. Executive Law, article 15 (Human Rights Law) and pursuant to New York Executive Law section 170-d, the New York State Division of Human Rights "shall promulgate regulations requiring every housing provider ... to provide notice to all tenants and prospective tenants ... of their rights to request reasonable modifications and accommodations" as such rights are provided for in Human Rights Law sections 296.2-a(d) and section 296.18.

(b) Effective date.

Executive Law section 170-d was effective March 2, 2021, pursuant to the Laws of 2021, chapter 82, section 4, by reference to the Laws of 2020, chapter 311.

(c) Definitions.

(1) "*Housing provider*" shall mean:

(i) "the owner, lessee, sub-lessee, assignee, or managing agent of, or other person having the right to sell, rent or lease a housing accommodation, constructed or to be constructed, or any agent or employee thereof" as set forth in New York Executive Law, article 15 (hereinafter "Human Rights Law") section 296.5; or

(ii) "the owner, lessee, sub-lessee, assignee, or managing agent of publicly-assisted housing accommodations or other person having the right of ownership or possession of or the right to rent or lease such accommodations" as set forth in Human Rights Law section 296.2-a.

(2) "*Housing accommodation*" includes "any building, structure, or portion thereof which is used or occupied or is intended, arranged or designed to be used or occupied, as the home, residence or sleeping

place of one or more human beings” as set forth in Human Rights Law section 292.10.

(3) “*Publicly-assisted housing accommodations*” shall include:

- (i) “public housing” as set forth in Human Rights Law section 292.10(a);
- (ii) “housing operated by housing companies under the supervision of the commissioner of housing” as set forth in Human Rights Law section 292.10(b); or
- (iii) other publicly-assisted housing as described in Human Rights Law section 292.10(c), (d) and (e).

(4) “*Property Manager*” as referenced in the sample notice is an individual housing provider, or such person as the housing provider designates for the purpose of receiving requests for reasonable accommodation.

(5) “*Reasonable modifications or accommodations*” shall refer to those actions required by Human Rights Law section 296.2-a(d) and Human Rights Law section 296.18, which makes it an unlawful discriminatory practice for a housing provider or publicly-assisted housing provider:

- (i) To refuse to permit, at the expense of the person with a disability, reasonable modifications of existing premises occupied or to be occupied by the said person, if the modifications may be necessary to afford the said person full enjoyment of the premises, in conformity with the provisions of the New York state uniform fire prevention and building code, except that, in the case of a rental, the landlord may, where it is reasonable to do so, condition permission for a modification on the renter's agreeing to restore the interior of the premises to the condition that existed before the modification, reasonable wear and tear excepted.
- (ii) To refuse to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford a person with a disability equal opportunity to use and enjoy a dwelling, including the use of an animal as a reasonable accommodation to alleviate symptoms or effects of a disability, and including reasonable modification to common use portions of the dwelling, or

(iii) In connection with the design and construction of covered multi-family dwellings for first occupancy after March thirteenth, nineteen hundred ninety-one, a failure to design and construct dwellings in accordance with the accessibility requirements of the New York state uniform fire prevention and building code, to provide that:

(a) The public use and common use portions of the dwellings are readily accessible to and usable by disabled persons with disabilities;

(b) All the doors are designed in accordance with the New York state uniform fire prevention and building code to allow passage into and within all premises and are sufficiently wide to allow passage by persons in wheelchairs; and

(c) All premises within covered multi-family dwelling units contain an accessible route into and through the dwelling; light switches, electrical outlets, thermostats, and other environmental controls are in accessible locations; there are reinforcements in the bathroom walls to allow later installation of grab bars; and there are usable kitchens and bathrooms such that an individual in a wheelchair can maneuver about the space, in conformity with the New York state uniform fire prevention and building code.

(6) “*First substantive contact*” is a term used by real estate brokers, licensed real estate salespersons, and licensed associate brokers in New York State. For purposes of this regulation, the term shall have the same meaning as applied under N.Y. Real Prop. Law § 443 and 19 N.Y.C.R. R. § 175.28.

(d) Actions required by Executive Law section 170-d.

(1) Housing providers that are the owner, lessee, sub-lessee, assignee, or managing agent of a housing accommodation or publicly-assisted housing accommodation, must provide notice, as provided for in this regulation, to all new and current tenants in the following manner:

(i) Within 30 days of the effective date of their tenancy;

(ii) for current tenants, within thirty days after the effective date of Executive Law section 170-d.

(iii) In writing, and in 12-point font or larger, or other easily legible font.

(iv) Include telephone number(s) and e-mail of the property manager or other person responsible for accepting reasonable accommodation requests.

(v) By email, text, electronic messaging system, facsimile, or hardcopy. An electronic communication containing a link to the notice required pursuant to this regulation shall be permissible, provided the communication also contains text to inform the prospective tenant that the link contains information regarding tenants' rights to reasonable accommodations for persons with disabilities. The notice must be available for printing and downloading.

(vi) Where such communication is in paper form, the notice must be included within such communication, or by providing the notice in an accompanying document.

(vii) May be accomplished by including the notice in or with other written communications, such as a lease or other written materials routinely provided to tenants.

(viii) Oral disclosure does not satisfy the requirements imposed by this section.

(ix) "Posting" of the notice pursuant to paragraph (d)(3) of this subdivision, either on paper, on a bulletin board, or on an electronic bulletin board or notice area, does not satisfy the requirements imposed by this section.

(2) A real estate broker shall be responsible to ensure that each individual licensed pursuant to Article 12-A of the New York Real Property Law and associated with such broker provides notice with regard to available housing accommodations, as provided for in this regulation, to all prospective tenants in the following manner:

(i) Upon first substantive contact.

(ii) In writing, and in 12-point font or larger, or other easily legible font.

(iii) By email, text, electronic messaging system, facsimile, or hardcopy. An electronic communication containing a link to the notice required pursuant to this regulation shall be permissible, provided the communication also contains text to inform the prospective tenant that the link contains information regarding tenants' rights to reasonable accommodations for persons

with disabilities. The notice must be available for printing and downloading.

(iv) Where such communication is in paper form, the notice must be included within such communication, or by providing the notice in an accompanying document.

(v) Oral disclosure does not satisfy the requirements imposed by this section.

(vi) "Posting" of the notice pursuant to paragraph (d)(3) of this subdivision, either on paper, on a bulletin board, or on an electronic bulletin board or notice area, does not satisfy the requirements imposed by this section.

(3) In addition to the delivery of notice in paragraphs (d)(1) and (d)(2) of this subdivision, all housing providers shall post the notice in the following manner:

(i) As required by 9 NYCRR 466.3 ; and

(ii) all websites created and maintained by housing providers shall prominently and conspicuously display on the homepage of such website a link to the Division's notice as required this regulation which shall be made available by the Division.

(4) The notice is to advise individuals of their right to request reasonable modifications and accommodations for disability pursuant to Human Rights Law section 296.2-a(d) (publicly-assisted housing) or Human Rights Law section 296.18 (private housing).

(e) Content of the required notice.

The following shall be deemed sufficient notice when provided to the individual to be notified.

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

Reasonable Accommodations

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

To request a reasonable accommodation, you should contact your property manager by calling _____ or _____, or by e-mailing _____.^{*} You will need to inform 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. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

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

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

Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out); Changes to your housing provider's rules, policies, practices, or

^{*} The Notice must include contact information when being provided under 466.15(d)(1), above. However, when being provided under (d)(2) and when this information is not known, the sentence may read "To request a reasonable accommodation, you should contact your property manager."

[†] This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

services; Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications and 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 you with a ramp or other reasonable means to permit you to enter and exit the building.

If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a “no pet” rule.

If you need grab bars in your bathroom, you can request permission to install them at your own expense. 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 a waiting list if no adjacent spot is available.

If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be made 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 your building does not meet the required accessibility 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 with the Division within one year of the alleged discriminatory act or in court within three years 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, or by calling 1-888-392-3644. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.