



<b>For Office Use Only:</b>	
Date Rec'd _____	Time Rec'd _____
AMI Level ____ 30% ____ 50%	
# Bdrm ____ Downstairs ____ Upstairs ____ HC ____	

This is an application for housing at:	<b>Project: WELLINGTON NORTH APARTMENTS</b>
	<b>Address: 1100 Wellington Woods Drive East</b>
	<b>Brockport, NY 14420</b>
	Phone: (585) 431-3272 Fax: (585) 431-3195
Please complete this application and return to:	<b>Name: O.D.S. Management Inc.</b>
	<b>Address: 1829 Maple Rd., Ste. 202 Williamsville, NY 14221</b>
	Phone: (716) 542-3030 Fax: (716) 542-2111

**THIS APPLICATION MUST BE COMPLETED IN ALL SECTIONS. LEGAL NAMES OF EACH HOUSEHOLD MEMBER MUST BE USED. ALL INFORMATION IS CONFIDENTIAL.**

*(If you are unable to complete this application, someone may complete it with you. That person must sign at the K. AUTHORIZATION to acknowledge completing the application for you. If you need additional assistance, please contact our office).*

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt # City State Zip code

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

# of bedroom's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  YES or  NO (check one)

Utilities paid by you:  Heat or  Electricity  OTHER (specify) \_\_\_\_\_  
(check all that apply, excluding phone or cable TV)

Approximate monthly cost of utilities paid by you: \$ \_\_\_\_\_ (excluding phone or cable TV)

Bedroom size requested:  1-bedroom  2-bedroom  Wheelchair accessible features required  
 1<sup>st</sup> floor only  2<sup>nd</sup> floor only  Either 1<sup>st</sup> or 2<sup>nd</sup> floor



**B. HOUSEHOLD COMPOSITION**

	Name	Relationship to head	Birth Date	Male / Female	SS#	Student Yes/No
Head		Self				
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her children who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**C. INCOME**

List **ALL** sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Income
	Social Security benefits	\$
	Social Security benefits	\$
	Social Security benefits	\$
	SSI benefits	\$
	SSI benefits	\$
	SSI benefits	\$
	SSP -NYS benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	DSS cash assistance	\$
	Contributions to the Household ( <i>monetary or not</i> )	\$
	Full-Time Student Income ( <i>18 &amp; Over Only</i> )	\$
	Financial Aid (grants & scholarships	\$
	exceeding of the amount of tuition may have to be included in total income)	
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$
	Other:	\$
	Other:	\$



Household Member Name	Source of Income	Gross Monthly Income
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No



**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
 If a section doesn't apply, cross out or write NA.

Checking Accounts	Bank		Balance \$	
	Bank		Balance \$	
	Bank		Balance \$	
Savings Accounts	Bank		Balance \$	
	Bank		Balance \$	
	Bank		Balance \$	
Trust Account	Bank		Balance \$	
Certificates	Bank		Balance \$	
	Bank		Balance \$	
	Bank		Balance \$	
	Bank		Balance \$	
Credit Union	Bank		Balance \$	
	Bank		Balance \$	
Savings Bonds		Maturity Date	Value \$	
		Maturity Date	Value \$	
		Maturity Date	Value \$	
Life Insurance Policy			Cash Value \$	
Life Insurance Policy			Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property	Address:		Appraised Value \$	



Real Estate Property:	<b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, circle</i> type of property: Residential Home / Commercial / Land / Mobil Home / Other:		
Location of property:		
	Appraised Market Value	\$
	Mortgage or outstanding loans balance due	\$
	Amount of annual insurance premium	\$
	Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, type of property:</i>		
	Market value when sold/dispensed	\$
	Amount sold/dispensed for	\$
Date of transaction:		

Have you disposed of any other assets in the last 2 years ( <i>Example: Given away money to relatives, set up Irrevocable Trust Accounts</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, describe the asset:</i>		
	Date of disposition:	
	Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

<b>E. MEDICAL EXPENSES</b> – Complete this section <b>ONLY</b> if the head of household or the co-tenant is 62 years or older OR disabled regardless of age.	
Do you pay monthly Medicare Premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Monthly Amount \$
Do you pay monthly Medical Insurance Premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Monthly Amount \$
<i>If Yes, Name of Supplemental Insurer:</i>	
Anticipated annual out-of-pocket Medical Expenses Not Covered by Insurance or Reimbursed list below:	
Physician Expense Amount \$	Prescription Expense Amount \$
Other Medical Expenses Amount \$	
Describe the Expense:	





<b>F. CHILD CARE EXPENSES</b> – Complete this section <b>ONLY</b> if you have children 12 years or younger and your child care expense allows you to work or to attend school.	
Monthly Child Care Expense \$	Reason for The Expense:
Name(s) of Children Receiving Child Care:	
Name & Address of Child Care Provider:	

<b>G. DISABILITY ASSISTANCE EXPENSES</b> – Complete only if these expenses are necessary to enable Any family member 18 years of age or older who may or may not be the member who is a person with Disabilities to be employed.	
Auxiliary Apparatus Expense \$	Reason for The Expense:
Monthly Attendant Care Expense \$	Reason for The Expense:

**H. ADDITIONAL INFORMATION**

Are you or any member of your household currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Have you or any member of your household been convicted of methamphetamine production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Are you or any member of your household a lifetime registrant on a state or federal sex offender database?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, indicate level &amp; state or federal:</i>	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Have you or any member of your family ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do you or any member of your family require a reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No



*Briefly describe your reasons for applying:*





**I. MISC. INFORMATION**

<b>In case of emergency notify:</b> Must include full mailing address	
Name:	
Address:	
Relationship:	Phone #:

**J. VEHICLE AND PET INFORMATION** *(if applicable)*

List any cars, trucks, or other vehicles owned. Parking will be provided for ONE vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do you have a service or companion animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have proper documentation stating that the animal is a service or companion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	





**K. AUTHORIZATION:** *(please read carefully and sign below this statement.)*

I/We do hereby authorize the staff of ODS Management Inc. to contact any person, agency, office, group or organization to obtain and verify any information deemed necessary to complete my/our application for housing in the property managed by O.D.S. Management Inc. I/We agree to hold harmless O.D.S. Management Inc. and any landlord or person listed above from any all claims I/we may have for the contents of the information disclosed and for the disclosure and use of this information.

Signature of Applicant	Date signed
Signature of Co-Tenant	Date signed
Signature of Co-Tenant	Date signed
**Signature of person completing application for applicant	Date signed

Please note that you have the right to review /contest / have explained the results of the criminal background check.

**VERIFICATIONS NEEDED:**

**A photocopy must be attached to your completed application.**

1. Elderly Status (62 or older)  
 -copy of social security letter
2. Disabled Status  
 -copy of social security, SSI or SSD award letter, or statement by qualified person. *The nature of the disability does not have to be disclosed.*
3. ALL household members  
 -copy of birth certificate or driver's license and social security card





**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this 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 application or termination of tenancy after occupancy.

I/we hereby certify that attached to this application are “Notice of occupancy rights under the violence against women act” including HUD form 5382.

**All adult applicants, 18 or older, must sign application.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date signed

\_\_\_\_\_  
 Signature of Co-Tenant

\_\_\_\_\_  
 Date signed

\_\_\_\_\_  
 Signature of Co-Tenant

\_\_\_\_\_  
 Date signed

\_\_\_\_\_  
 \*\*Signature of person completing application for applicant

\_\_\_\_\_  
 Date signed

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government and State of New York, that the Federal and NYS laws prohibiting discrimination against tenant applications on the basis of race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful sources of income or familial status. You are not required to furnish this information. This information will not be used in evaluating your application or to discriminate against you in any way.

Head Tenant Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race (mark one or more)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender:

- Female
- Male
- Other

Co-Tenant Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race (mark one or more)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender:

- Female
- Male
- Other





**APPLICANT EMPLOYED OR UNEMPLOYED STATEMENT**

Applicant/Tenant: \_\_\_\_\_  
 Co-Applicant/Tenant: \_\_\_\_\_  
 Property Name: Wellington North  
 Address: 1100 Wellington Woods East, Brockport, NY 14420

**Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:**

I hereby certify that the following adult household members are not presently employed and do not intend to resume employment in the foreseeable future.

\_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify O.D.S. Management immediately when they become reemployed.

\_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the following adult household members are currently employed. I agree to notify O.D.S. Management should their employment status change.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**Dear Applicant,**

The following attachments are for your information only. If they apply to you, please fill them out where applicable.

**Attachments:**

- 1) **Resident's Right to A Reasonable Accommodation**
- 2) **Violence Against Women's Act – Notice of Occupancy Rights**
- 3) **Violence Against Women's Act – Certification Form**

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**Applicant - Resident Right to Request  
A Reasonable Accommodation**

*The Fair Housing Act and N.Y. Executive Law § 170-d require that we provide "reasonable accommodations" to persons with disabilities. This means that you can request a modification or exception as to how this property conducts its operation if you need:*

- A **change or waiver in the rules or policies** to make it easier to live in your apartment, use the common facilities or participate in a special program located on the property.
- A **physical modification** in your apartment which would make it easier for you to reside there or a physical change in some other feature of the property which would make it easier for you to use the facilities located there.
- A **more effective means of communication** to provide official information or permit you to contact the management office.

You may make this request in writing using a **Reasonable Accommodation Request Form** or some other type of permanent and comprehensible document (e.g. a tape cassette). If you have a physical or mental disability that meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment or common facilities of the property, then we will try to fulfill your request. Your request can be made by a family member, or someone else acting on your behalf if necessary. If you need assistance completing the Request Form we can put you in touch with groups that can assist you. If you need more information about our procedure, we will be glad to explain the process more fully or if you require another form of communication we will try to meet your needs.

We will give you an answer to your request within fourteen (14) calendar days of our receipt of the completed Reasonable Accommodation Request Form unless there is a problem getting the information we require to verify the appropriateness of the request. We will let you know if we require more information or if we would like to propose an alternative solution that has an equal outcome to the accommodation requested.

If we decline your accommodation request we will provide a reason. You will have an opportunity to provide additional information within fourteen (14) calendar days before we consider the matter closed.

**You can obtain a Reasonable Accommodation Request Form at the site office. It can be picked up in person or it can be mailed to you.**



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## Notice of Occupancy Rights under the Violence Against Women Act

### 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. The New York State Department of Homes and Community Renewal is the Federal agency that oversees that the project-based Section 8 rental program 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 the project-based Section 8 rental program, 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 the project-based Section 8 rental program, 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 project-based Section 8 rental program 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

THE PROPERTY YOU ARE APPLYING FOR may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If THE PROPERTY YOU ARE APPLYING FOR chooses to remove the abuser or perpetrator, THE PROPERTY YOU ARE APPLYING FOR 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, THE PROPERTY YOU ARE APPLYING FOR 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 USDA-RD/HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, THE PROPERTY YOU ARE APPLYING FOR must follow Federal, State, and local eviction procedures. In order to divide a lease, THE PROPERTY YOU ARE APPLYING FOR 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, THE PROPERTY YOU ARE APPLYING FOR may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, THE PROPERTY YOU ARE APPLYING



FOR 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.

THE PROPERTY YOU ARE APPLYING FOR will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

THE PROPERTY YOU ARE APPLYING FOR's emergency transfer plan provides further information on emergency transfers, and THE PROPERTY YOU ARE APPLYING FOR must make a copy of its emergency transfer plan available to you if you ask to see it.

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

THE PROPERTY YOU ARE APPLYING FOR can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from THE PROPERTY YOU ARE APPLYING FOR must be in writing, and THE PROPERTY YOU ARE APPLYING FOR must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. THE PROPERTY YOU ARE APPLYING FOR may, but does not have to, extend the deadline for the submission of documentation upon your request.

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

- A complete HUD-approved certification form given to you by THE PROPERTY YOU ARE APPLYING FOR 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

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



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abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that THE PROPERTY YOU ARE APPLYING FOR has agreed to accept.

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

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

### **Confidentiality**

THE PROPERTY YOU ARE APPLYING FOR must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

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

THE PROPERTY YOU ARE APPLYING FOR must not enter your information into any shared database or disclose your information to any other entity or individual. THE PROPERTY YOU ARE APPLYING FOR, however, may disclose the information provided if:

- You give written permission to THE PROPERTY YOU ARE APPLYING FOR to release the information on a time limited basis.
- THE PROPERTY YOU ARE APPLYING FOR needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires THE PROPERTY YOU ARE APPLYING FOR or your landlord to release the information.

VAWA does not limit THE PROPERTY YOU ARE APPLYING FOR'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, THE PROPERTY YOU ARE APPLYING FOR 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 THE PROPERTY YOU ARE APPLYING FOR 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.

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



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If THE PROPERTY YOU ARE APPLYING FOR can demonstrate the above, THE PROPERTY YOU ARE APPLYING FOR 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 the Buffalo HUD Offices.

#### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

Additionally, THE PROPERTY YOU ARE APPLYING FOR must make a copy of HUD's VAWA regulations available to you if you ask to see them.

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). You may also contact **Haven House Child & Family Services Inc. 716-884-6002** (provides residential & non-residential domestic violence services).

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 **NYS Hotline for Sexual Assault & Domestic Violence 1-800-942-6906**.

Victims of stalking seeking help may contact **The National Center for Victims of Crime 1-855-484-2846** or visit <http://victimsofcrime.org/our-programs/stalking-resource-center>

*(end of section)*



**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.



1829 Maple Road, Ste. 202 Williamsville, NY 14221  
Phone: 716-542-3030 | Fax: 716-542-2111 | Toll-Free: 1-888-542-3031  
TDD-NYS Relay Service Only: 1-800-662-1220



**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.

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