



Johnson Park Green Community

With Application submission, the following documents are required:

- ☐ Copy of Driver's License or Photo ID for Household Members 18 years or older
- ☐ Copy of Birth Certificates for **ALL** Household Members.
- ☐ Copies of Social Security card or alternate number (e.g., ITIN) for **ALL** Household Members.
- ☐ Proof of Household Income. (Six (6) Current Pay Stubs, Social Security Benefit letters, Pensions, DSS Budget Sheet, Proof of Section 8, etc.)
- ☐ Proof of Child Support (Support Obligation Summary and 12 month history of payments).
- ☐ Copy of Current Bank Statement(s).
- ☐ Copy of **current** Tax Return with W2's and 1099's.
- ☐ Copy of Life Insurance (Whole Life), Certificates of Deposit (CD's), Stocks & Bonds.
- ☐ \$12.00 credit/background check fee for one adult 18 years or older or \$20.00 for two or more adults 18 years or older. Non-refundable credit/background check fee (money order or check only).

PLEASE NOTE: We do NOT accept cash.

****Note: Copies can be made at the Rental Office if needed.**



We are interested in knowing how you happened to apply for an apartment with us and would appreciate your answering a few short questions.

In which of the following ways did you hear of Johnson Park Green Community?

Please check any that apply.

☐ Our Website/Internet

☐ Referral

☐ Apartmentguide.com

☐ Relative

☐ Yellow Pages

☐ Friend

☐ Agency _____
(please specify)

☐ Just Driving By

☐ Facebook

☐ NYHousingSearch.gov

☐ Craigslist

☐ Renters Lifestyle

☐ Rent.com

☐ Rentals.com

☐ Zillow.com

Remarks: _____

Thank you for your assistance.

Sincerely,
Jennifer Fordham
Manager of Operations



EQUAL HOUSING OPPORTUNITY

Johnson Park Green Community



HANDICAPPED ACCESSIBLE

LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Household Name: _____

Apartment #: _____

This section to be completed by applicant/resident.

For the purpose of this form, a full-time student is defined as one who is or will be carrying a full-time subject load at an institution with a degree or certificate program (including school-age children 16 years and older) or one who was carrying a full-time subject load during any portion of five months within the current calendar year.

Check One:

_____ This household has no full-time students as defined above.

_____ This household is NOT comprised ENTIRELY of full-time students as defined above

_____ ALL members of this household are full-time students, but the following checked item applies:

_____ A member of his household is receiving assistance under Title IV of the Social Security Act (TANF).

_____ A member of this household is enrolled in a job-training program receiving assistance under the JTPA (Job Training Partnership Act) or under similar Federal, State or Local laws.

_____ The entire household is composed of a Head of Household who is a single parent with children and such parent and children are not dependents (as defined in IRC Section 152) of another individual.

_____ The entire household is composed of individuals who are married and file a joint tax return.

_____ The entire household is occupied by full-time students who were previously under the care, placement and responsibility of a foster care program.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

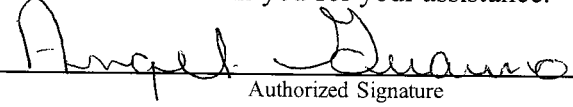
Date

"Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6) (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6) (7) and (8).**

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____
 Property Name: Johnson Park Green Community
 Address: 6 Johnson Park
Utica, NY 13501

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

 _____ Authorized Signature Angel Guarno _____ Print Name	_____ Tax Credit Specialist Title _____ Date
--	--

Release by Applicant(s)/Tenant(s)

I/We hereby authorize you to furnish all requested information.

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date



Johnson Park Green Community Apartments TENANT SELECTION PLAN

Johnson Park Green Community Apartments is a complex with 61 units. Twenty-one (21) of the units will be marketed to qualifying Frail/Elderly tenants with age requirement of 55 and older. Ten (10) of the units will be marketed to qualifying persons with persistent mental illness and no age restriction. Thirty (30) units will be marketed to individuals qualifying for income under the 40% AMI and these units will not be age restricted. The property also consists of seven (7) units that are ADA compliant and four (4) that are HVI compliant.

Current Income Guidelines

Maximum Income 40%		Maximum Income 30%	
1 person	\$24,920	1 person	\$18,690
2 persons	\$28,480	2 persons	\$21,360
3 persons	\$32,040	3 persons	\$24,030
4 persons	\$35,600	4 persons	\$26,700
5 persons	\$38,480	5 persons	\$28,860
6 persons	\$41,320	6 persons	\$30,990

Eligibility Requirements

Occupancy Guidelines are in accordance with New York Codes and Regulations which states occupancy standards are no more than two (2) persons per bedroom.

Applicants are asked to disclose social security numbers in order for the owner to make an eligibility determination. Alternatives to a social security number (e.g., ITIN) are accepted. If a social security number is not provided, tenancy is not denied based solely on that factor.

Any person applying for a unit in designated low-income complex shall submit to the owner or owner's agent, a copy of the most recent New York State or Federal income tax return or an affidavit certifying the prior year's income along with the application for a unit.

Policies to comply with Fair Housing

1. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD.
2. The Fair Housing Act and the New York State Human Rights Law prohibits discrimination in housing and housing related transactions based on: Age • Creed • Disability • Domestic violence victim status • Gender identity or expression • Familial status • Lawful source of income (in housing only) • Marital status • Military status • National origin • Predisposing genetic characteristics • Pregnancy-related condition • Prior arrest or conviction record • Race/color • Sex • Sexual orientation • Retaliation for opposing unlawful discriminatory practices • Citizenship or immigration status
 - a. It applies to housing, regardless of the presence of federal financial assistance.
3. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.

Manager acknowledges that all units in the Project are open and available to families with children, a person expecting a child or in process of securing legal custody of an individual under 18 years of

age that meet the qualifying criteria for occupancy of any unit. Manager will include affirmative statements to this effect in all marketing, servicing and tenant selection criteria.

Eligibility of Students for Other Assistance Programs:

*This paragraph applies to the Rent Supplement, RAP, Section 221(d)(3) BMIR, Section 236, Section 202 PAC, Section 202 or Section 811 PRAC programs. *

1. Owners must determine a student's eligibility for assistance at move-in, initial or annual recertification, and at the time of an interim recertification, if one of the changes reported is that a household member is enrolled as a student at an institution of higher education.
2. The student must meet **all** of the following criteria to be eligible. The student must:
 - a. Be of legal contract age under state law;
 - b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, **or**
 - c. Meet the U.S. Department of Education's definition of an independent student. (See the Glossary for definition of Independent Student);
 - d. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; **and**
 - e. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.

The full amount of financial assistance paid directly to the student or to the educational institution and amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs, are excluded from annual income for the programs listed in 1, above (see paragraph 5-6 D and Exhibit 5-1.)

Accepting Applications and Selecting from the Waiting List

Anyone wishing to be admitted into Johnson Park Green Community Apartments or placed on the waiting list, must complete and submit to the office, an application which will include name, age, disability status (only when necessary to establish eligibility) of each household member; need for an accessible unit, if applicable; race/ethnicity of head of household (optional); sources and estimates of anticipated annual income and assets. A complete list of all states any household member has resided is required. Applications will be stamped with date and time when received and placed in chronological order on the waiting list.

Admission will be denied if:

The household is paying less than 25% or more than 48% of the household's income for housing costs (basic rent plus allowance for tenant paid utilities).

Any household member has an unacceptable landlord history, including inability to appropriately maintain housing in a decent safe and sanitary condition, history of unjustified and chronic nonpayment of rent, history of disturbing the quiet enjoyment of others, history of violence and harassment of others, history of violations of the terms of previous rental agreements such as destruction of the unit or surrounding premises. Johnson Park Green Community Apartments may obtain a previous and current landlord written records of rent payment and history of major lease violations e.g. nonpayment of rent or use of premises for illegal purposes.

Applicants will be screened for credit history through a recognized screening service/data base such as RentGrow. Applicants must have a satisfactory credit report/rental history. Any applicant will be approved for the credit portion of the application process by:

1. Providing evidence of having made full payment of their rent on a timely basis for prior 12 months, or
2. Providing evidence of receiving full rent subsidy from Section 8 Voucher, HUD/Vash, Public Assistance/FIPS, HOPWA/HASA, Rural Rental Assistance, Non-Profit Rental Assistance or other subsidy

Applicant may be denied for credit due to “applicable debt”. Applicable debt may include debt that is: over 90 days delinquent as of the date of the credit report; debt that has been transferred to a collection agency and is being pursued for collection; money judgements and liens; and bankruptcies (in certain cases). The individualized assessment “Worksheet for Applying New York State Credit Policy for Applicants to State-Funded Housing” will be completed to consider credit history.

Screening will also be done for criminal activity. Applicants with criminal convictions will have a personal interview with the housing complex to complete the “Worksheet for Applying New York State Anti-Discrimination Policies When Assessing Applicants for State Funded Housing Who Have Criminal Convictions”. This will provide you with the opportunity to answer questions regarding the conviction(s).

Convictions that may be considered include: drug related crimes; criminal activity involving crimes of physical violence to persons or property; or other criminal acts that adversely affected the health, safety, and welfare of other people.

There are two circumstances in which an Applicant’s criminal history will automatically make them ineligible for housing:

1. Conviction for producing methamphetamine in the home.
2. Lifetime registrant on a State Sex Offender Registry.

Convictions that have been excused by pardon, overturned on appeal or otherwise vacated will not be considered ineligible. You may appeal an ineligible criminal decision within 14 business days.

Unit Transfers

Unit transfers may result when there is a change in family composition. Owner shall determine, according to occupancy standards, if the unit is still the appropriate size. Residents may be required to move if there is an appropriate size unit available, there is a market for the size unit resident will be vacating and if the resident will be remaining in the property. If it is determined a move is required, resident must move within 30 days after being notified a unit of required size is available.

Accepted reasons for transfer are: inappropriate family composition for unit size; medical request including making reasonable accommodation for disabled resident requiring more accessible unit.

A list of residents required to transfer will be maintained and vacancies will be filled chronologically when appropriate unit becomes available.

Lateral transfers are not allowed unless it’s for a reasonable accommodation.

Transfer applicants take priority over admission applicants.

Opening/Closing Waiting Lists

Should the wait for an apartment become excessive, the owner may close the waiting lists for one or more unit size. Owner must advise potential applicants that the waiting list is closed and refuse to take applications. Owner must also publish a notice, stating the reason for refusing to take

applications, in a publication likely to be read by potential applicants. (Democrat and Chronicle newspaper). The waitlist for Accessible units will continue to remain open.

When the owner agrees to accept applications again, the notice of this action must be announced in a publication likely to be read by potential applicants. Advertisements should include where and when to apply and conform to the Affirmative Fair Housing Marketing Plan. (Both actions require pre-approval by the New York State Homes and Community Renewal).

Waiting List

The waiting list shall be updated periodically. Canvassing letters of continued interest shall be sent to 10% of the waiting list.

Smoke Free Community



This property is a completely smoke-free facility. Due to the increased risk of fire, the known health effects of secondhand smoke, and increased maintenance costs, smoking is prohibited in any area of the property, both private and common, indoors, and outdoors including entryways, balconies, and patios. This policy applies to all residents, guests, vendors, staff, and service persons. Residents are responsible for ensuring that all household members and guests comply with this rule. The term "smoking" is defined as inhaling, exhaling, burning or carrying any lighted cigarette, cigar, pipe, vape or other tobacco product in any manner or any form.

Fees

Incoming residents are required to pay a security deposit equal to one month's rent.

Unit Inspections

Unit inspections are made jointly by owner or representative and resident. A unit inspection report must be signed by both owner/representative and resident indicating the condition of the unit. Resident has five (5) days to report any additional deficiencies. Any repair must be completed no more than 30 days after the effective date of the lease.

Annual Recertifications

A review of family income and composition is conducted annually.

Residents must supply information requested by the owner, prior to renewal of lease. Residents must sign consent forms, and owners obtain third party verification (whenever possible) of the following items: reported family annual income and the value of assets.

Residents also acknowledge that a household consisting entirely of full-time students as identified in Section 42 of Low-Income Housing Tax Credit is prohibited from low-income residence, unless they meet an allowable exemption.

At this time also, the resident must certify that no member of the household is subject to a state lifetime sex offender registration in any state. If the owner discovers a household member was erroneously admitted, (after June 25, 2001), the owner will immediately pursue eviction for that member or termination of assistance for the household member. If the family is unwilling to remove that individual, the owner must terminate assistance for the entire household.

House Rule Changes

Certain house rules may be developed and listed in the lease as an attachment.

Owners must give residents written notice 30 days prior to implementing any changes in house rules or adding new rules.

By signing below you (we) acknowledge receipt of the policy, and acknowledge that you (we) have read and understand its contents.

_____	_____
Name	Date
_____	_____
Name	Date
_____	_____
Witness	Date

Background Check Fee

The undersigned hereby acknowledges receipt of this document, that I have understood, I am paying a \$12.00 non-refundable background check fee per applicant 18 years or older, not to exceed \$20.00 for two or more applicants 18 years or older, to cover the cost to process the background check on my application for residency.

_____	_____
Signature	Date

Return to:
Johnson Park Green Community
6 Johnson Park
Utica, NY 13501



NON- SMOKING

FOR OFFICE USE ONLY

APPLICATION FOR APARTMENT AT:
Johnson Park Green Community

Date stamp & application number

Date _____

*Applications are placed in order of date and time received. An Applicant may be interviewed only after the receipt of this application.

Applicant Name(s): _____

Current Address: _____
Street Apt.# City State Zip

Landlord Name: _____ Landlord Phone Number: _____

How long have you lived there? _____

Email: _____ Phone Number: _____

Please list all states in which any household member has resided:

Name: _____ States(s): _____

Do you ☐ RENT or ☐ OWN Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Do you qualify as disabled under the following definition: ☐ Yes ☐ No (check one)

- (a) A physical, mental, or medical impairment resulting from anatomical, physiological, genetic, or neurological conditions, which prevents the exercise of normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques or (b) a record of such an impairment (c) a condition regarded by others as such an impairment.

Do you consider yourself frail elderly under the following definition: ☐ Yes ☐ No (check one)

To be considered frail elderly you must be a senior 55+ who is enrolled in Medicaid, need assistance with personal care and or community living such as shopping, laundry, medication management, nutrition, etc. Additional requirements apply.

Do you require a reasonable accommodation: ☐ Yes ☐ No (check one)

I. HOUSEHOLD COMPOSITION

Unless assistance is required, this form must be completed by the applicant/tenant.

- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME (First MI Last)		RELATIONSHIP	DOB	SSN or alternate	STUDENT?
1.		HEAD			[] YES [] NO
2.					[] YES [] NO
3.					[] YES [] NO
4.					[] YES [] NO

Are any household changes expected in the next 12 months: ☐ Yes ☐ No (check one)

If YES, please explain: _____

Are any student changes expected in the next 12 months: ☐ Yes ☐ No (check one)

If YES, please explain: _____

II. STUDENT STATUS		
Is every member of the household a FT student as defined above? <i>If NO continue to Section III</i> <i>If YES please complete the following questions:</i>	☐ YES	☐ NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	☐ YES	☐ NO
Was a student previously a foster child?	☐ YES	☐ NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	☐ YES	☐ NO
Is a student married and eligible to file a joint tax return?	☐ YES	☐ NO
Is a student a single parent who is not claimed as a dependent by another individual?	☐ YES	☐ NO
Are the minors in the household claimed as a dependent by a parent?	☐ YES	☐ NO

INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12 month period following move in or recertification.
 - For minors, include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets.
 - For adults, include both earned income from jobs and unearned income.
 - Answer each YES-NO question. For each YES include the gross amount and frequency.
- Do NOT leave any unanswered questions.**

III. HOUSEHOLD INCOME						
Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household. All adults must sign the form.						
	Head of Household			Co-Head and/or Other Member		
Type of Income	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
2. Overtime or shift pay	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
3. Bonus/commission/etc.	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
4. Do you have a 2 nd job?	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
5. Seasonal/sporadic work	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
6. Tips	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
7. Cash pay	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
8. Self-employment income	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
9. Periodic gift income	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
10. Non cash contributions	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
11. Formal child support	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
12. Is child support awarded but not paid?	☐ YES ☐ NO			☐ YES ☐ NO	\$	
13. Informal child support	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
14. Formal spousal support	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
15. Is spousal support awarded but not paid?	☐ YES ☐ NO			☐ YES ☐ NO	\$	
16. Informal spousal support	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
17. Social Security	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
18. SSI	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
19. SSP	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
20. TANF, AFDC, etc.	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
21. Unemployment benefits	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
22. Worker's compensation	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
23. Severance pay	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
24. Pension income	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
25. Retirement acct payments	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
26. Investment acct payments	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
27. Annuity acct payments	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	
28. Trust acct payments	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$	

III. HOUSEHOLD INCOME (Continued)							
29. Disability/death benefits	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$		
30. Real estate rent income	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$		
31. Student financial aid	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$		
32. Military pay	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$		
33. Veterans/VA income	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$		
34. Other income:	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$		
35. Other income:	☐ YES ☐ NO	\$		☐ YES ☐ NO	\$		
36. Are any income changes expected in the next 12 months? ☐ YES ☐ NO If YES please describe:							
For each source of income checked YES above, please complete the following:							
Income #	HH Member	Name of Source	Address/Phone/Email				

ASSET INSTRUCTIONS:

- List assets for all household members including minors
 - Cash value is market value minus any costs/penalties/fees required to convert to cash
 - Do not list assets that are not accessible to the famil
- Do NOT leave any unanswered questions.**

IV. HOUSEHOLD ASSETS					
Type of Asset	Head of Household		Co-Head and/or Other Member		
	Check One	Apprx Cash Value	Check One	Apprx Cash Value	
1. Checking account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
2. 2 nd checking account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
3. Savings account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
4. 2 nd savings account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
5. Debit /direct deposit card	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
6. 2 nd debit card	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
7. Cash on hand	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
8. Certificate of Deposit	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
9. Other bank account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
10. Mutual Fund	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
11. Stocks	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
12. Portfolio/brokerage	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
13. IRA/401K/etc.	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
14. 2 nd IRA/401K/etc.	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
15. Treasury bills/bonds	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
16. Company retirement acct	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
17. Annuity	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
18. Pension	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
19. Revocable trust	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
20. Life insurance (not term)	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
21. Real estate equity	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
22. Personal property held as investment	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
23. Other asset	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
24. Other asset	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$	
25. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? ☐ YES ☐ NO					
26. Has anyone disposed of any assets for less than fair market value in the past 2 years? ☐ YES ☐ NO					
If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:					

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

V. MEDICAL EXPENSES

List any reoccurring and unreimbursed medical, dental, mental health, disability and child care expenses for the next 12 months:

VI. ADDITIONAL INFORMATION

Have you or any member of your family ever been convicted of a felony or required to be a lifetime registrant on the state sex offender registry? ☐Yes ☐No

If yes, please describe:

The NYS HCR Justice-Involvement Policy can be found here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>.

Applicants have a right to an individualized assessment prior to any rejections.

Have you ever resided at a Rochester Management Community? ☐Yes ☐No

If yes, when and where:

Have you applied to any other Rochester Management Communities? ☐Yes ☐No

If yes, where:

Will you take an apartment when one is available? ☐Yes ☐No

Please list the bedroom size(s) that interest you:

Applicants can go on more than one bedroom size waitlist if they are eligible or need a reasonable accommodation for another bedroom size

Briefly describe your reason for applying:

Do you receive rental assistance (Section 8, DSS, other housing subsidies)? ☐Yes ☐No

VII. 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

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Do you have any pets? ☐Yes ☐No
If yes, please describe:

VIII. REFERENCE INFORMATION	
Previous Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?
Emergency Contact	Name:
	Address:
	Phone #: Relationship:

VETERANS ADMISSION PREFERENCE: ☐ Those who have served in the armed forces of the United States (i) for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii). Check box and attach DD-214 to qualify for admission preference.

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.

This development is operated under the supervision of the New York State Homes and Community Renewal. All questions must be answered in order to process the application.

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated.

I (we) understand that a credit inquiry and a Criminal Background check may be made in the course of processing this application.

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

****Johnson Park Green Community is a non-smoking building**

SIGNATURE(S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6) (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6) (7) and (8).**



EQUAL HOUSING OPPORTUNITY



HANDICAPPED ACCESSIBLE



Know Your Rights: New York State's Anti-Discrimination Policy When Assessing Justice-Involved Applicants for State-Funded Housing

If you are applying for state-funded housing and have a history of involvement with the criminal justice system, you have rights and protections.

There Are Only Two Mandatory Reasons That You Can Automatically Be Rejected:

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

You Cannot Be Rejected Based On:

1. All pending arrests (including those with adjournments in contemplation of dismissal (ACOD));
2. Arrest records that were resolved in your favor;
3. Convictions for offenses committed before you turned 18 years old;
4. Misdemeanor convictions that occurred more than 1 year ago;
5. Felony convictions that occurred more than 5 years ago;
6. Convictions resulting in incarceration/parole supervision, from which you were released more than 1 year ago;
7. Convictions that did not involve physical violence or danger to persons or property, or did not affect the health, safety and welfare of others;
8. Convictions for which you have received a Certificate of Good Conduct or Certificate of Relief from Disabilities that is permanent and covers housing.
9. Youthful offender adjudications;
10. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
11. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
12. Convictions that were excused by pardon, overturned on appeal or vacated;

You Cannot Be Asked About 9-12 Above

If a housing provider asks you about them or any pending arrest with an ACOD, you may answer as if the protected arrest, conviction or adjudication never occurred. If you believe you have been discriminated against based on these protections, file a complaint with the New York State Division of Human Rights: <https://dhr.ny.gov/complaint>

You Must be Given 14 Days to Provide Additional Information Before Any Rejection

You must be contacted and provided 14 business days to provide additional relevant information including:

1. How much time has passed since the conviction(s)?
2. How old were you at the time of the conviction(s)?
3. How serious was the conviction(s)?
4. Evidence about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)
5. Were there mitigating circumstances surrounding the offense that reduce the severity of the offense?

If you were not given an opportunity to answer these questions, or if you feel the housing provider did not properly evaluate your application and wrongfully denied you housing, contact New York State Homes and Community Renewal's Fair and Equitable Housing Office at feho@hcr.ny.gov for assistance. More information is available here:

<https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>

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 315-507-2454 or by e-mailing office@johnsonparkapartments.com*. 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 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.

*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.



Homes and Community Renewal

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 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 the rental housing or 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

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 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

Johnson Park Green Apartments (acronym HP for purposes of this document) 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 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

¹Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

²Housing 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.

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.

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at FEHO@hcr.ny.gov.

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>.

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at: <https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf>

You may view a copy of HUD's final VAWA rule at: <https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

Attachment: Certification form HUD-5382

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

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

OMB Approval No. 2577-0286
Exp. 06/30/2017

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

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

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

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

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

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

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

7. Relationship of the accused perpetrator to the victim: _____

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

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.