ROCHESTER MANAGEMENT

Making a Difference. Connecting Community.

Eastman Commons

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 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.

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

EQUAL HOUSING OPPORTUNITY

Eastman Commons ● 1630 Dewey Avenue Rochester, NY 14615
● Phone: (585) 363-5068● Fax: (585) 363-5069 ●
Email: EastmanCommons@rochestermanagement.com

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 Eastman Commons?

Please check any that apply.

- ☐ Our Website/Internet
- ☐ Apartmentguide.com
- ☐ TV
- ☐ Just Driving By
- ☐ Facebook
- ☐ NYHousingSearch.gov
- ☐ Craigslist
- ☐ Renters Lifestyle
- ☐ Rent.com
- ☐ Zillow.com
- ☐ Referral
  - ☐ Relative
  - ☐ Friend
  - ☐ Agency_____
    (please specify)

Remarks: _____

Thank you for your assistance.

Sincerely,
Jennifer Fordham
Vice President and Manager of Operations

THIS FORM MAY BE PHOTOCOPIED

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____

Property Name: ***Eastman Commons***

Address: ***1630 Dewey Avenue***

Rochester, NY 14615

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.

_____ Tax Credit Specialist

Authorized Signature — Title

_____ _____

Print Name — 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

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EQUAL HOUSING OPPORTUNITY

HANDICAPPED ACCESSIBLE

Eastman Commons

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).**

Form **4506-T**
(April 2025)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.
For more information about Form 4506-T, visit *www.irs.gov/form4506t*.

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, suite, or inmate no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. _____

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Tax return transcripts for individuals are available for the Form 1040 series. A list of the tax return transcripts that are available for a business can be found at *www.irs.gov/businesses/get-a-business-tax-transcript*. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

/ /	/ /	/ /	/ /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions) | Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature | Date

Return to:
Eastman Commons
1630 Dewey Avenue
Rochester, New York 14615

FOR OFFICE USE ONLY

Date stamp & application number

APPLICATION FOR APARTMENT AT:
Eastman Commons

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	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? *If NO continue to Section III* *If YES please complete the following questions:*	[ ] 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 2nd 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 family*

Do NOT leave any unanswered questions.

IV. HOUSEHOLD ASSETS				
	Head of Household		Co-Head and/or Other Member	
Type of Asset	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
2. 2nd checking account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
3. Savings account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
4. 2nd savings account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
5. Prepaid debit card	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
6. 2nd prepaid 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. Internet asset (Cashapp,Venmo,etc)	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
11. Mutual Fund	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
12. Stocks	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
13. Portfolio/brokerage	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
14.. IRA/401K/etc.	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
15. 2nd IRA/401K/etc	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
16. Treasury bills/bonds	[ ] 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. Cryptocurrency	[ ] 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) and move in date 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.

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

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HANDICAPPED ACCESSIBLE

NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

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

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

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

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

You Cannot Be Rejected Based On:

1. 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 585-288-6887 or by e-mailing office@fernwoodparkapartments.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.

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*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.

NEW YORK STATE OF OPPORTUNITY | Homes and Community Renewal

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

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
Fernwood Park (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

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

[2]Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

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.