Application for Rental Housing in Newburgh, NY.

Please contact Rupco if you require assistance with your application and/or have questions: newburgh@rupco.org or (845) 569-2292

All Applications should be returned to **169 Lander St, Newburgh NY 12550.**

There is a dropbox located to the right of the door for your convenience.

Original Applications only; copies, faxed or emailed applications will not be accepted.

- **Please answer all questions truthfully. Any misrepresentation of information (false, incomplete or misleading information) will cause your household's application to be declined.**
- **Complete all sections of application by printing in ink. DO NOT leave any section blank. If the question does not apply to your household, please write NONE or N/A (Not Applicable).**
- **After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list; but this does NOT mean that your household will be offered an apartment. If later processing establishes that your household is not eligible or qualified for housing, your application will be denied. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria in the Property Management Office and may include credit, criminal and rental history background checks.**

Warning: **Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.**

Please check all properties that you wish to apply for:

☐ **Lander St Apartments** 83 one, two, three, four, and five bedroom apartments located on Lander, South, and Chambers streets.

☐ **East End I** 44 studio, one, two, and three bedroom apartments located on First, Dubois, S. Miller, Johnston, and Lander streets.

☐ **East End II** 61 one, two, and three bedroom apartments, located on First, Chambers, DuBois, S. Miller, Johnston and Lander streets

First Name	Last Name		Mailing Address
Phone Number	**Email Address**		
Household Composition- List ALL persons who will reside in the household. You must list yourself first; if you require additional space please use the blank space on page 2.	**Gender**	**Date of Birth**	**Relationship to Head of Household**
			HEAD

Do you anticipate any additions to the household in the next twelve months? ☐ YES ☐ NO

Please Describe: _____

Please select the number of bedrooms you are requesting: ☐ Studio ☐ One ☐ Two ☐ Three ☐ Four ☐ Five

Applicant/s acknowledges Landlord's adoption of a Non-Smoking living environment and the efforts to designate all of the property as Non-Smoking, with designated smoking areas at least 25 ft from the building: ☐ YES ☐ NO

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EQUAL HOUSING OPPORTUNITY

RENTAL HISTORY: You must list your current residence first.

This must include all previous residences for the past (4) four years, including those places where name/s did not appear on lease and those places where you or a family member used a different name. This includes you and/or adult household members, 18 years or older.

HH Member	Street Address	City	State	Zip	Date Residency Began	Date Residency Ended	Landlord Name & Phone Number

PERSONAL REFERENCES:

Complete this section **if you do not have the required four years of rental history**. Three personal references are required. These cannot be friends or family. Examples include: clergy, previous employers, coworkers, volunteer leaders, caseworkers, advisors, etc...

Name	Phone Number	Relationship
Name	**Phone Number**	**Relationship**
Name	**Phone Number**	**Relationship**

INCOME:

List current income for ALL household members from all sources. This includes, but is not limited to Employment (Full Time, Part Time and Seasonal), Self Employment, Public Assistance, Social Security, SSI, Unemployment, Alimony, Child Support, Workers' Compensation, Disability, Pension, Armed Forces, Income from rental property, regular contributions from people not residing with you, etc. *Please list your gross income, before taxes or any other deductions.*

HH Member	Source of income	Address of Source of Income/Contact Person and Telephone Number	Monthly Income

Do you anticipate any changes in your income in the next 12 months? ☐ YES ☐ NO

If yes, please describe: _____

ASSETS:

Please include cash (wherever held), Bank Accounts, Trust Accounts, Certificates of Deposit (CD), Stocks, Bonds, Mutual Funds, Securities, Savings Bonds, IRA, Life Insurance Policies, Real Estate, Investments, etc. List for ALL household members. If more space is needed, please list on a separate piece of paper and attach to this application.

Check one of the following:

- ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV).
  They are as follows: _____
- ☐ I/we have NOT sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

Check one of the following:

- ☐ I/we do not have any assets at this time. Assets include checking/savings accounts, stocks, bonds, and other types listed above.
- ☐ I/we do have assets. They are as follows:

HH Member	Name of Institution	Account #	Type of Asset	Interest rate	Amount

Please use the remaining space on this page to list any additional household members, or sources of income or assets:

Please answer of the following questions. If you select "yes", use the space provided to describe your answer.

These questions apply to you and ALL members of your household.

Question:	NO	YES	Please describe:
Do you currently have a portable or transferrable voucher for a rental subsidy, such as Section 8?	☐	☐	
Do you currently live in unsafe or inadequate housing?	☐	☐	
Are you homeless or about to be homeless?	☐	☐	
Is any member of your household visually or hearing impaired, to the extent where they would need an apartment specifically adapted for their needs?	☐	☐	
Do you require a 100% handicap accessible unit due to use of a mobility device, such as a wheelchair?	☐	☐	
Do you own a pet?	☐	☐	
Have you owned a home or real estate within the past three years? If so, are you collecting rental income from this property?	☐	☐	
Have any household members ever been convicted of a felony?	☐	☐	
Are any household members registered as sex offenders? If so, are they subject to lifetime registry?	☐	☐	
Has any household member been convicted of manufacturing methamphetamines in their home?	☐	☐	
Are ALL members of your household, including yourself, considered to be full-time students?	☐	☐	
Have you or any member of your household served in the military?	☐	☐	
Have you or any household members been diagnosed with Substance Use Disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders?	☐	☐	
Post Incarceration is defined as a youth or adult reentering the community out of incarceration or juvenile justice placement, particularly those with disabling conditions. Does this apply to you or any member of your household?	☐	☐	

All household members aged 18 and older must sign page 4 of this application.

This application will be considered INCOMPLETE if not signed by all household members over the age of 18.

DISCLOSURE AGREEMENT:

I/We certify if selected to live in any properties owned or managed by Rupco, the unit, I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the Owner/Manager to verify all information provided on this application and to contact previous or current landlords, or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/We understand, for some properties, that we have the (1) option to demonstrate proof of 12 months' on-time and in-full rent payment in the past 12 consecutive months OR receipt of subsidy or subsidies that pay the full rent, in lieu of a credit check, (2) the right to review, contestand explain results of a background or credit check, (3) for all properties, rights under the Violence Against Women Act (VAWA) and pursuant to the HCR VAWA Policy and (4) the ability to request a reasonable accommodation. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements are punishable under Federal Law. I/We agree to update and notify management immediately in writing regarding any changes in household address, telephone numbers, income and household composition. I/We have read and understand the information in this application, and we agree to comply with such information. I/We understand that there may be additional information required if the unit being applied for requires verification of additional eligibility requirements. I/We understand if this application is incomplete, it will be declined. I/We understand that if this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein. I understand that if my application is rejected on the basis of my criminal history I will be provided with any documentation used to deny my application and an explanation of the denial, after which time I will have 14 business days to review, contest, present evidence of rehabilitation, and explain any conviction on my record that led to the denial of my application. I/We certify that all information provided on this application and any addenda thereto is true, complete and accurate. I/We understand that if any of the information is false, misleading or incomplete, management may decline our application or if move in has occurred, terminate our Rental Agreement.

SIGNATURES:

Head of Household	**(Print Name)**	**Date**
Co- Head of Household	**(Print Name)**	**Date**
Other Adult Household Member	**(Print Name)**	**Date**

If you are applying for a Project Based Voucher unit at Lander St Apartments, you must also complete pages 7 through 13 of this application.

These questions are optional and have no bearing on your eligibility. They are for statistical purposes.

1.) How did you hear about us? Newspaper ☐ Friend/Family☐ Website☐ Local Agency ☐ Other☐
Specify: _____

2.) Marital Status: Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐

3.) Handicapped/Disabled: Yes ☐ No ☐

4.) Race & Ethnic Origin: the following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking participation in this program. You are not required to furnish this information; however, you are encouraged to do so. If you chose not to furnish this information, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please circle which you feel best describes your ethnic origin:
Hispanic ☐ Non-Hispanic ☐

Please circle which you feel best describes your race:
Caucasian ☐ African American ☐ Native American ☐
Alaskan Native ☐ Asian or Pacific Islander ☐ Multi-Race ☐ Please describe:

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, disability, familial status, marital status, sexual orientation, gender identity or lawful source of income.

Artistic Work Addendum

Preference for 12 units at East End I will be given to artists from diverse artistic and cultural backgrounds. Only one adult household member, 18 or older, needs to demonstrate a commitment as a practicing artist, in order to qualify for the artist preference. **If you wish to be considered for artist housing, please complete this section.**

1.) Name of Artist in Household:

2.) Please describe your art form:

3.) Please tell us about your education, training and/or experience as it relates to your art:

4.) Please describe how you engage in your art:

5.) Please describe any recent or past public presentations of your art:

6.) Have you ever lived in an artist housing situation before? If yes, where and what was your main Impression or experience?

Artist Definition	Artist Review Process
We define the term "artist" to encompass a wide variety of creative pursuits and we are committed to attracting creative individuals and families from diverse artistic and cultural backgrounds. Artist shall be defined as: • A person who works in, or is skilled in any of the fine arts, including but not limited to, painting, drawing, sculpture, book arts, printmaking and mixed-media. • A person who creates imaginative works of aesthetic value, including but not limited to literature, poetry, photography, music composition, choreography, architecture, graphic design, film, video and digital arts. • A person who creates functional art, including but not limited to metal, textiles, paper, wood, ceramic, glass or plastic objects. • A performer or theatrical artist, including but not limited to, singers, dancers, musicians, actors, performance artists; costume, lighting, sound, and set designers. • In all art disciplines, a designer, technician, craftsperson, teacher or administrator who is dedicated to using their expertise within the community to support, promote, present, and/or teach and propagate their art form through events, activities, performances and classes.	When there is a vacancy for a unit with an artist preference, staff will request samples of the applicant's work, to determine their level of commitment to the arts, community, and their art form. This will also help us understand your needs and expectations with regard to living in an artist community. Applicants will not be judged on the content or quality of their artistic work. Applicants will need to demonstrate that they are actively engaged in their art form. An artist's creative work need not provide the primary source of income as it is often customary for artists to work in another field to support themselves and their art form. Only one member of a household needs to demonstrate a commitment as a practicing artist, in order to qualify for the artist preference. Artistic processes that are extremely noisy, require industrial zoning or involve hazardous materials will not be permitted to be conducted at East End I. Examples of artistic endeavors that may be excluded include welding, woodworking using power tools, amplified band practice and glass blowing.

Pages 8 through 14 are applications for the Project Based Voucher units at Lander St. Apartments. Once received, if you are eligible for a Project Based Voucher, these applications are forwarded to Pathstone, where they will be entered into their waitlist for one of the Project Based Voucher units. Although they are identical, **all three Project Based Voucher applications, AND page 13: HUD-92006 "Supplement to Application for Federally Assisted Housing" must be completed in their entirety** and signed by the Head of Household and, if applicable, spouse or co-head. For more information on the Project Based Voucher program, please contact Pathstone at (845) 343-0771.

Pages 16 through 20 pertain to your protections under the Violence Against Women Act. These pages DO NOT have to be filled out; they are to inform you of your rights. Please remove these pages and keep them for your records.

Attached are the following:
- Notification of Occupancy Rights under VAWA, which explains the VAWA Protections
- Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternative Documentation to be completed by victim to document an incident of DVDVSAS

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PathStone
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WAITING LIST APPLICATION – Lander Street I
PathStone Corporation Project Based Voucher (PBV) Program

EQUAL HOUSING OPPORTUNITY

This form must be completed by the Head of Household. Use the legal name for each household member.

Date	Head of Household Name		Email Address		
Home Phone	**Work Phone**	**Cell Phone**		**Other Phone**	
Address (Please list last known address if you are currently homeless)		**Apt. #**	**City**	**State**	**ZIP Code**
Yes ☐ No ☐	**Is your mailing address the same as listed above?**				
If No:	**Mailing Address**	**Apt. #**	**City**	**State**	**ZIP Code**

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applyir

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.
Enter information about all family members who will live in the home, including any unborn children.
Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult
Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household							
Last Name	First Name	MI	Date of Birth		Sex (M/F)	Relation	
						HEAD	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #	
2. Household Member							
Last Name	First Name	MI	Date of Birth		Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #	
3. Household Member							
Last Name	First Name	MI	Date of Birth		Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #	
4. Household Member							
Last Name	First Name	MI	Date of Birth		Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #	
5. Household Member							
Last Name	First Name	MI	Date of Birth		Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #	
6. Household Member							
Last Name	First Name	MI	Date of Birth		Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #	

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question		
☐	☐	Are you currently homeless?		
☐	☐	Is any household member a U.S. military veteran?		
☐	☐	Is any household member subject to lifetime sex offender registration?		
		If YES:	Who and Where:	
			Details of Crime:	
☐	☐	Has any household member been convicted of any crime (besides traffic violations)?		
		If YES:	Who:	
			State:	
			When:	
			Offense:	
☐	☐	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?		
		If YES:	Who and Where:	
			Details of Crime:	

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		$
		$
		$
		$
		$
Total Family Income		$

lease provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

lease provide any additional asset information on a separate sheet of paper.

V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household _____ Date _____

Signature of Spouse / Co-Head _____ Date _____

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

PathStone
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WAITING LIST APPLICATION – Lander Street II
PathStone Corporation Project Based Voucher (PBV) Program

EQUAL HOUSING OPPORTUNITY

This form must be completed by the Head of Household. Use the legal name for each household member.

Date	Head of Household Name		Email Address		
Home Phone	**Work Phone**	**Cell Phone**		**Other Phone**	
Address (Please list last known address if you are currently homeless)		**Apt. #**	**City**	**State**	**ZIP Code**
Yes ☐ No ☐	**Is your mailing address the same as listed above?**				
If No:	**Mailing Address**	**Apt. #**	**City**	**State**	**ZIP Code**

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applyir

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.
Enter information about all family members who will live in the home, including any unborn children.
Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult
Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
					HEAD	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
2. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
3. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
4. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
5. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
6. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question		
☐	☐	Are you currently homeless?		
☐	☐	Is any household member a U.S. military veteran?		
☐	☐	Is any household member subject to lifetime sex offender registration?		
		If YES:	Who and Where:	
			Details of Crime:	
☐	☐	Has any household member been convicted of any crime (besides traffic violations)?		
		If YES:	Who:	
			State:	
			When:	
			Offense:	
☐	☐	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?		
		If YES:	Who and Where:	
			Details of Crime:	

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		$
		$
		$
		$
		$
Total Family Income		$

lease provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

lease provide any additional asset information on a separate sheet of paper.

V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse / Co-Head Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

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EQUAL HOUSING OPPORTUNITY

WAITING LIST APPLICATION – Lander Street III

PathStone Corporation Project Based Voucher (PBV) Program

This form must be completed by the Head of Household. Use the legal name for each household member.

Date	Head of Household Name		Email Address		
Home Phone	**Work Phone**	**Cell Phone**		**Other Phone**	
Address (Please list last known address if you are currently homeless)		**Apt. #**	**City**	**State**	**ZIP Code**
Yes ☐ No ☐	**Is your mailing address the same as listed above?**				
If No:	**Mailing Address**	**Apt. #**	**City**	**State**	**ZIP Code**

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applyir

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.
Enter information about all family members who will live in the home, including any unborn children.
Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult
Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
					HEAD	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
2. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
3. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
4. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
5. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
6. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question		
☐	☐	Are you currently homeless?		
☐	☐	Is any household member a U.S. military veteran?		
☐	☐	Is any household member subject to lifetime sex offender registration?		
		If YES:	Who and Where:	
			Details of Crime:	
☐	☐	Has any household member been convicted of any crime (besides traffic violations)?		
		If YES:	Who:	
			State:	
			When:	
			Offense:	
☐	☐	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?		
		If YES:	Who and Where:	
			Details of Crime:	

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		$
		$
		$
		$
		$
Total Family Income		$

lease provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

lease provide any additional asset information on a separate sheet of paper.

V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse / Co-Head Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. 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. 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.

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

Rupco 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

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 (518-474-9583). 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/ourprograms/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-womenreauthorization-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 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.