RUPCO UNIVERSAL RENTAL APARTMENT APPLICATION

Thank you for considering RUPCO's properties as your new potential home! RUPCO is a nonprofit whose mission is to create homes, support people, and improve communities. We take pride in owning and managing our rental portfolio across Ulster, Orange, and Greene Counties. Our diverse portfolio includes artist, senior, family, and special needs rental housing. We are committed to providing safe, affordable, and well-maintained homes for all.

This application is for all properties with open waitlists. On pages 2 and 3 of this packet, you will find a list of all properties for which RUPCO is currently accepting applications, along with a brief description of the property and some basic qualification guidelines. Please select all of the properties you wish to join the waitlist for.

APPLICATION INSTRUCTIONS:

1. Use the property list on pages 2 and 3 to select all of the properties you wish to apply for.
2. Answer all questions truthfully. RUPCO will verify your answers. Any misrepresentation of information (false, incomplete, or misleading information) will result in your household's application being declined.
3. Complete all sections of the 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).
4. Sign and date all attached forms and /or authorizations for the release of information. Please note that the Head of Household and each additional adult aged 18 or older who will live in the apartment must sign the Household Certification on page 8.

WHAT HAPPENS AFTER I SUBMIT MY APPLICATION?

1. 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.
2. We will process your application according to our standard procedures, summarized in the Resident Selection Criteria in the Property Management Office, and may include credit, criminal, and rental history background checks.
3. ********IMPORTANT**** It is your responsibility to keep RUPCO informed of changes in your household, including address, telephone, income, assets, family size, etc. All changes must be submitted in writing to Attn: Property Management 289 Fair St. Kingston, NY 12401.**

Return this application to:

289 Fair St.
Kingston, NY 12401

Original applications only. Copies, faxed and email applications will not be accepted.

QUESTIONS?

We're here to help.
Contact our Property Management Department
(845) 331-2140
Ext. 233 or 239

IMPORTANT

You must complete and sign this application. If it is missing any information or signatures, it will be considered incomplete and not entered into the waitlist.

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.

Rev: 7/18/25

APARTMENTS WITH RENTAL ASSISTANCE

A number of apartments at select properties include Rental Assistance Project Based Vouchers (PBV). This Program is designed to offer assistance to individuals and families residing in designated apartment buildings that meet specific criteria. This program uniquely ties a voucher to a particular unit within a specific property. **If you would like to be considered for Project Based Vouchers apartments (rental assistance), please complete "Application for Project Based Rental Assistance Application" in this packet (pages 11-12).**

LIST OF PROPERTIES

Please check all the properties you wish to apply for.

ULSTER COUNTY

FAMILY HOUSING

- ☐ **Blair Rd. Apartments** | 17 Blair Rd, Kerhonkson, NY. | 2 bedroom apartments
- ☐ **Energy Square** | 20 Cedar St, Kingston, NY. | Studio, 1, 2 & 3 bedroom apartments
- ☐ **Hasbrouck Apartments** | 434-438 Hasbrouck Ave & 33 Prince St. Kingston, NY | 2, 3 & 4 bedroom apartments
  Homeless families requirement | All apartments include Rental Assistance Vouchers
  (All Hasbrouck applicants must complete pages 11-12 for Rental Assistance Project Based Vouchers.)
- ☐ **The Lace Mill** | 165 Cornell St. Kingston, NY. | Studio, 1, 2, & 3 bedroom apartments | Artist Preference
  (If you're an artist, complete Artistic Work Addendum page 9-10 of this packet)
- ☐ **Woodstock Commons** | Leslie's Way, Woodstock, NY. | 1, 2 & 3 bedroom apartments

SENIOR HOUSING

- ☐ **Golden View** | 52 Domenica Lane, Highland, NY. | 1 bedroom apartments | 55+ age requirement
- ☐ **Jenny's Garden** | 20 Gerentine Way, Marlboro, NY. | 1 bedroom apartments | 62+ age requirement
- ☐ **Landmark Place** | 300 Flatbush Ave, Kingston, NY. | Senior & Supportive Housing
  Studio & 1 bedroom apartments | 55+ age requirement
  Limited number of apartments include rental assistance for individuals experiencing homelessness. (Complete pages 13-14 If you wish to be considered for supportive housing for individuals experiencing homelessness -rental assistance).
- ☐ **Milton Harvest** | 48 Josie's Path Milton, NY. | 1 bedroom apartments | 55+ age requirement
  Limited number of apartments include Rental Assistance Vouchers
  Complete pages 11-12 if you wish to be considered for Rental Assistance Project Based Vouchers.
- ☐ **Park Heights** | 1033 Rt. 32, Rosendale, NY. | 1 bedroom apartments | 62+ age requirement
- ☐ **The Stuyvesant** | 289 Fair St. Kingston, NY | 1 bedroom apartments | Homeless 62+ age or disability requirements. All apartments include Rental Assistance Vouchers.
  (All Stuyvesant applicants must complete pages 11-12 for Rental Assistance Project Based Vouchers.)
- ☐ **Tongore Pines** | 21-25 Fox Lane, Olivebridge, NY. | 1 bedroom apartments | 62+ age requirement
- ☐ **Woodstock Commons** | Adler Court, Woodstock, NY. | 1 bedroom apartments | 55+ age requirement

☐ **Silver Gardens** | 58 Andi Court, Highland, NY | Senior & Supportive Housing
1 bedroom apartments | 62+ age requirement
Limited number of apartments include rental assistance for individuals experiencing homelessness. (Complete pages 13-14 If you wish to be considered for supportive housing for individuals experiencing homelessness -rental assistance).

GREENE COUNTY

FAMILY HOUSING

☐ **The Mews at Prattsville** | 5456 Washington St. Prattsville, NY. | 2 & 3 bedroom apartments

SENIOR HOUSING

☐ **The Mews at Prattsville** | 5456 Washington St. Prattsville, NY. | 1 & 2 bedroom apartments | 55+ age requirement

ORANGE COUNTY

FAMILY HOUSING

☐ **East End I** | Scattered site development located on First, DuBois, S. Miller, Johnston & Lander Streets | Newburgh, NY. | Studio, 1, 2 & 3 bedroom apartments
Artist Preference (If you're an artist, complete Artistic Work Addendum page 9-10 of this packet)
Limited number of apartments include rental assistance for individuals experiencing homelessness. (Complete pages 13-14 If you wish to be considered for supportive housing for individuals experiencing homelessness -rental assistance).

☐ **East End II** | Scattered site development located on First, Chambers, DuBois, S. Miller, Johnston & Lander Streets | Newburgh, NY. | 1, 2 & 3 bedroom apartments
Limited number of apartments include rental assistance for individuals experiencing homelessness. (Complete pages 13-14 If you wish to be considered for supportive housing for individuals experiencing homelessness -rental assistance).

1. APPLICANT INFORMATION (HEAD OF HOUSEHOLD)

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____
City *State* *Zip*

Mailing Address (if different): _____
City *State* *Zip*

Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Length of time at current address: _____ Monthly rent: _____

Reason for leaving: _____

Alternate Contact Information for your Household

Alternate Contact Name: _____ Relationship: _____

Contact Address: _____ Contact Phone: _____

2. HOUSEHOLD COMPOSITION | YOU MUST LIST YOURSELF FIRST

Beginning with the "Head of Household" in the number one spot, list ALL persons who will live in the household.
NOTE: You will use these "HH member" numbers to fill in the rest of the application.

HH Member	Full Name	Relationship to Head	Date of Birth	Gender	Social Security Number
1		Self			
2					
3					
4					
5					
6					

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

Please Describe: _____

2.2 Please select the number of bedrooms you are requesting: ☐ Studio ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR

2.3 Do you require a 100% handicap accessible unit due to use of a mobility device, such as a wheelchair? ☐ YES ☐ NO

2.4 Is any member of your household visually or hearing impaired? ☐ YES ☐ NO

I the Applicant/s acknowledge the Landlord's adoption of a Non-Smoking living environment and the efforts to designate all properties as Non-Smoking with a designated smoking area at least 25 feet from the building. ☐ YES

3. RENTAL HISTORY | YOU MUST LIST YOUR CURRENT RESIDENCE FIRST.

Please list 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. **NOTE: Use Family Member Numbers listed in Household Composition.**

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

4. HOUSEHOLD INCOME | List GROSS Monthly income from all sources FOR EACH HOUSE HOLD MEMBER, including; Employment, Unemployment, Social Security, SSP, SSI, Pensions, Worker's Compen sation, Disability, Child Support, Alimony, and/or Monthly contributions from people residing outside of your household.

Do not include food stamps.

If you are self-employed, provide the NET income from your Schedule C tax form.

HH Member	Source of Income	Monthly Income Gross Income (Net for self-employment)

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

Please Describe: _____

5. HOUSEHOLD ASSETS | Please list assets for **EACH HOUSEHOLD MEMBER,**

including Checking and Savings Accounts, Certificates of Deposits (CD's), Stocks, Bonds, Mutual Funds, IRA's, Life Insurance Policies (whole life only), Trusts which you are named on, and other accounts held with financial institutions.

Check this box ☐ if you do not currently have any of the assets listed above.

HH Member	Name of Institution	Type of Asset (Checking, Savings, etc)	Interest Rate	Current Cash Value

In the past two years has anyone in your household disposed of assets worth $1,000+ for less than Fair Market Value (Includes Cash, Real Estate, Etc.): ☐ NO ☐ YES Please Describe: _____

_____

If you currently own Real Estate, please complete the following:

Estimated Cash Value of Property: _____ Monthly Rental Income:_____

Monthly Expenses:_____ Property Address:_____

6. ADDITIONAL QUESTIONS | **These questions apply to you and ALL members of your household.** If you select "yes", use the space provided to DESCRIBE your answer

	Yes	No	Please describe
Do you currently have a portable or transferable voucher for a rental subsidy?			
Do you currently live in unsafe or inadequate housing?			
Are you currently or at risk of experiencing homelessness?			
Do you own a pet?			
Are you or a member of your household an artist?			
Are any household members registered as Level 3 (lifetime) sex offenders?			
Has any household member been convicted of manufacturing methamphetamine in their home?			
Are ALL members of your household, including yourself, full-time students?			

7. SPECIAL NEEDS | NYS Homes and Community Renewal has identified "frail elderly" as one of the special needs populations under their targeting initiative. Frail elderly persons are defined as persons aged 60 and over requiring assistance with one or more Activities of Daily Living, or two or more Instrumental Activities of Daily Living. In addition, persons aged 60 or over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention.

7.1) Does anyone in your household aged 60 or older have special needs? ☐ YES ☐ NO

7.2) Do you require aid in one or more of the following activities? Check all that apply:

☐ Bathing ☐ Dressing ☐ Eating ☐Grooming/Personal hygiene

☐ Transferring: Moving between bed and chair/wheelchair

☐ Mobility: Move about by self or with adaptive equipment

☐ Toileting: Getting to and from toilet; transferring on/off toilet

7.3) How many of the following activities of daily living do you need help with? Check all that apply:

☐ Shopping ☐ Laundry ☐ Chores ☐ Telephone use ☐ Self-administering medication

☐ Housework/cleaning ☐ Getting to places out of walking ability ☐ Prepare/cook meals

☐ Handling personal business/finance ☐ Capacity to direct home care personnel

8. HOUSEHOLD DEMOGRAPHIC INFORMATION | ***These questions are optional and have no bearing on your eligibility. They are for statistical purposes.***

8.1) How did you hear about us?

☐ Newspaper ☐Friend or Family ☐ Website ☐ Local Agency ☐ Other: Specify:_____

8.2) Marital Status:☐ Married ☐ Single ☐ Separated ☐ Divorced ☐Widowed

8.3) Do you identify as someone with a disability? ☐ YES ☐ NO

8.4) Is any member of your household a veteran of the U.S. Military or National Guard? ☐ YES ☐ NO

8.5) 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 pro gram. **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 check the box that best describes you

Ethnicity: ☐Hispanic ☐ Non-Hispanic

Race:☐ Caucasian ☐ Black/African American ☐ Native American ☐ Alaskan Native

☐ Asian or Pacific Islander ☐ Multiracial, 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.

9. HOUSEHOLD CERTIFICATION | *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, contest and 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 Signature	*Name*	*Date*
Co- Head of Household Signature	*Name*	*Date*
Co- Head of Household Signature	*Name*	*Date*

ADDENDUM #1: ARTISTIC WORK
ARTIST HOUSING APPLICANTS ONLY
(Lace Mill and East End I)

Artists from diverse artistic and cultural backgrounds will be given preference for all 55 units at The Lace Mill and 12 at East End I. Only one adult household member, 18 or older, must demonstrate a commitment as a practicing artist to qualify for the artist's preference. **Please complete this section if you wish to be considered for artist housing.**

1. Name of Artist in Household:_____

2. Please describe your art form:

Please describe your education, training, and experience as it relates to your art:

4. Please describe how you engage with 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

We define the term "artist" to encompass a wide variety of creative pursuits, and we are deeply committed to attracting creative individuals and families from diverse artistic and cultural backgrounds, ensuring that everyone feels respected and represented.

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.

ARTIST REVIEW PROCESS

When there is a vacancy, 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 does not need to 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 to practicing art 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 The Lace Mill or East End I. Examples of artistic endeavors that may be excluded include welding, woodworking using power tools, amplified band practice, and glass blowing.

ARTIST REVIEW PROCESS (cont)

The applicants are to provide the following information on a separate sheet prior to the Artist Review Committee meeting:

- Include a professional artist resume pertinent to your work. Include educational background, professional training, public exhibitions and/or performances, critical reviews, grants, awards or fellowships. Be sure to include dates.

- Submit documentation appropriate to your particular art form. Your documentation should reflect a body of work over the last 5 years, up to and including recent work. Below is a general guideline for some fine arts fields, and the kinds of support materials that should accompany your application:

    - Visual artists: 15-20 labeled slides and/or photographs of work, exhibition announcements, catalogues, reviews, etc.
    - Music composition: scores, tapes (including works-in-progress), reviews, performance announcements, etc.
    - Choreography: videos, written notations, reviews, performance announcements, etc.
    - Fiction/Poetry: published and unpublished works and drafts, reviews, announcements of readings/staging, etc.
    - Film/Video/Performance Art: examples of work, reviews, and announcements
    - All documentation should include, where appropriate, the date of creation, medium, size, and title of the work. All support materials must be submitted in an envelope or folder not larger than 9" X 12". Do not submit original work.

ADDENDUM #2: APPLICATION FOR RUPCO OWNED PROJECT BASED RENTAL ASSISTANCE

A number of apartments at select properties include Rental Assistance Project Based Vouchers (PBV). This Program is designed to offer assistance to individuals and families residing in designated apartment buildings that meet specific criteria. This program uniquely ties a voucher to a particular unit within a specific property.

Complete this form if you would like to be considered for any of the Project Based Vouchers properties below.

*** Please check what properties you are applying for (see requirements before applying):**

☐ **MILTON HARVEST** – Josies Path, Milton, NY | Ulster County | Seniors (62 yrs.)

☐ **PRINCE & HASBROUCK** – 33 Prince St., 434 & 438 Hasbrouck St. Kingston, NY | Ulster County
Must be homeless (or imminent risk)

☐ **THE STUYVESANT** – 289 Fair Street, Kingston, NY | Ulster County
Must be Homeless (or imminent risk) & Elderly (62 yrs.) or Disabled

Applicant Name: _____

Current Address: _____
City *State* *Zip*

Mailing Address (if different): _____
City *State* *Zip*

Phone: _____ Other Phone: _____ Email:_____

I. HOUSEHOLD COMPOSITION AND OTHER CHARACTERISTICS

1. List the Head of Household and all other members who will be staying in the unit 4 nights a week or more.
2. Give the relationship of each family member to head.
3. List Race for each household member: [for statistical purposes only]
   (1) White; (2) Black; (3) American Indian/Native Alaskan; (4) Asian Pacific Islander
4. List Ethnicity for each household member: (1) Hispanic or (2) Non-Hispanic [for statistical purposes only]

Member's Full Name Please Print	Relationship to Head	Date of Birth	Gender	Race	Ethnicity	Social Security Number
	Self					

5. Is head of household or co-head handicapped or disabled? ……..... ☐ YES ☐ NO
6. If you are a person with a disability, do you require a specific accommodation to fully utilize our services? ….…….. ☐ YES ☐ NO
7. How many people live in your household now? _____
8. How many bedrooms do you have? _____
9. Are you now living in a federally subsidized unit? ……☐ YES ☐ NO
10. Have you ever been evicted from public housing? ……..☐ YES ☐ NO
11. Have you ever received Section 8 assistance before? ….……..……☐ YES ☐ NO
    If yes, where, and when? _____
    Why was your assistance terminated? _____

ADDENDUM #2: APPLICATION FOR RUPCO OWNED PROJECT BASED RENTAL ASSISTANCE

12. Have you or anyone in your household been convicted of a drug related violent felony within the last twelve (12) months?……..☐ YES ☐ No

13. Are you currently Homeless or at imminent risk of becoming homeless?……..……..☐ YES ☐ No

(Are you living: in a place not meant for human habitation, shelter, motel/hotel paid by government or Charitable agency, existing an Institutional Care Facility (jail, rehabilitation, mental treatment), supportive or transitional housing, fleeing domestic violence, in jeopardy of being evicted, or current unit is being condemned due to unsafe living conditions ***Supporting Documentation required***

II. HOUSEHOLD INCOME | List full gross monthly income from all sources FOR EACH HOUSEHOLD MEMBER.

Please use SS for Social Security, SSI for Supplemental Security Income, PA or TANF for public assistance.

Member Name	Source of Income	Monthly Income Gross Income

NOTICE: Any attempt to obtain rent subsidy from the U.S. Department of Housing and Urban Development by false information, impersonation, failure to disclose or other fraudulent act is a felony under Title 18, Section 1001 of the U.S. Code. Any act of assistance to commit fraud is also punishable under this statute.

CERTIFICATION

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for denial or termination of assistance.

I hereby certify that the information provided to RUPCO on this application is accurate and complete to the best of my knowledge and belief.

_____ _____

Head of Household Signature *Date*

_____ _____

Co- Head of Household Signature *Date*

NO ONE MAY CHARGE ANY APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT: 1-800-367-4448.

ADDENDUM #3: SUPPORTIVE HOUSING RENTAL ASSISTANCE APPLICATION

EXCLUSIVELY APPLICANTS CURRENTLY OR AT IMMINENT RISK OF EXPERIENCING HOMELESSNESS

1. Are you currently or at imminent risk of experiencing homelessness? ☐ YES ☐ NO

If you answered YES, please fill out the rest of this page.
You may be eligible for one of our supportive housing apartments with rental and case management assistance. Applicants for these units must be currently or at imminent risk of experiencing homelessness and qualify in one or more of the sub-categories to be considered for this program.

2. Contact Information

Applicant Name: _____

Social Security Number: _____

Mailing Address: _____

Phone: _____

3. Please select all of the subcategories listed below that apply to your household.

A. FRAIL ELDERLY | Persons aged 60+ requiring assistance with 1 or more Activities of Daily Living or 2 or more Instrumental Activities of Daily Living. OR persons aged 60+ with limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently (without assistance or intervention.)

Please check all of the following that you require assistance with:

Activities of Daily Living

☐ Bathing ☐ Dressing ☐ Eating ☐ Grooming/Personal hygiene
☐ Transferring: Moving between bed and chair/wheelchair
☐ Mobility: Move about by self or with adaptive equipment

Instrumental Activities of Daily Living

☐ Shopping ☐ Laundry ☐ Chores ☐ Telephone use
☐ Handling finances ☐ Self-administering medication
☐ Housework/cleaning ☐ Prepare/cook meals

Does this apply to the head of your household? ☐ YES ☐ NO

B. CHRONICALLY HOMELESS | Persons who have been homeless for at least 1 year, or repeatedly have been homeless.

Does this apply to the head of your household? ☐ YES ☐ NO

SUPPORTIVE HOUSING RENTAL ASSISTANCE PROGRAMS

RUPCO offers supportive housing rental that includes a rental subsidy and access to case management services at select locations through the Empire State Supportive Housing Initiative (ESSHI) Program.

To qualify for this program, applicants must be currently or at imminent risk of experiencing homelessness AND qualify in one or more of the categories listed in this addendum.

This subsidy is tied to a particular unit in a property and cannot be transferred to a different location.

ELIGIBLE PROPERTIES

Energy Square
20 Cedar St. Kingston, NY.
- Young adults aged 18 - 25

East End I
Newburgh, NY.
- Young adults aged 18 - 25
- Veterans w/ Disability

East End II
Newburgh, NY.
- Individuals w/ SUD
- Individuals reentering the community

Landmark Place
300 & 304 Flatbush Ave.
Kingston, NY.
- Frail elderly/ seniors
- Chronically Homeless
- Veterans w/ Disability
- Individuals w/ SUD
- Individuals w/ SMI

Silver Gardens
Highland, NY.
- Frail elderly/ seniors
- Chronically Homeless
- Individuals who are living with HIV/ AIDS (HIV)

ADDENDUM #3: SUPPORTIVE HOUSING RENTAL ASSISTANCE APPLICATION

C. VETERAN WITH A DISABILITY | Former member of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps and Coast Guard) who served on active duty including those with other than honorable discharge.

Does this apply to the head of your household? ☐ YES ☐ NO

D. INDIVIDUALS DIAGNOSED WITH SERIOUS MENTAL ILLNESS (SMI) | As defined by the Diagnostic and Statistical Manual of Mental Disorders, An Individual with "Mental Illness that results in functioning impairment which substantially interferes with or limits one or more major life activities."

Does this apply to the head of your household? ☐ YES ☐ NO

E. INDIVIDUALS DIAGNOSED WITH SUBSTANCE USE DISORDER (SUD) | As defined by the Diagnostic and Statistical Manual of Mental Disorders, An Individual with "A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress."

Does this apply to the head of your household? ☐ YES ☐ NO

F. YOUNG ADULTS AGED 18 - 25 | Young adult between the ages of 18 and 25 years of age without a permanent residence, including those aging out of a residential school for individuals with an intellectual or developmental disability.

Does this apply to the head of your household? ☐ YES ☐ NO

G. INDIVIDUALS REENTERING THE COMMUNITY | An Individual reentering the community from incarceration or juvenile justice placement, who was released or discharged, and who is without permanent and stable housing.

Does this apply to the head of your household? ☐ YES ☐ NO

H. INDIVIDUALS WHO ARE LIVING WITH HIV/AIDS | An Individual with a HIV or AIDS diagnosis.

Does this apply to the head of your household? ☐ YES ☐ NO

3. Information verification | If you answered YES to any of the above, please provide the contact information of any person who can verify your status.

Name: _____ Name: _____

Title:_____ Title:_____

Phone: _____ Phone: _____

NEW YORK STATE OF OPPORTUNITY. Homes and Community Renewal

IMPORTANT: If you or a member of your household is a survivor of domestic violence, dating violence, sexual assault, or stalking, please read this policy in its entirety and complete page 19.

ADDENDUM # 4: 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

RUPCO, Inc 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 RUPCO 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, RUPCO 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, RUPCO must follow Federal, State, and local eviction procedures. In order to divide a lease, RUPCO 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, RUPCO 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, RUPCO 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

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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.

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.

RUPCO 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 RUPCO 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

RUPCO 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 RUPCO must be in writing, and RUPCO 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. RUPCO 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 RUPCO 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 RUPCO has agreed to accept.

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

Confidentiality

RUPCO 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. RUPCO must not allow any individual administering assistance or other services on behalf of RUPCO (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. RUPCO must not enter your information into any shared database or disclose your information to any other entity or individual. RUPCO, however, may disclose the information provided if:

- You give written permission to RUPCO to release the information on a time limited basis.
- RUPCO 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 RUPCO or your landlord to release the information.

VAWA does not limit RUPCO'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, RUPCO 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 RUPCO 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 RUPCO can demonstrate the above, RUPCO 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-womenreauthorization-act-of-2013-implementation-in-hud-housing-programs-correction.
- Additionally, RUPCO must make a copy of HUD's VAWA regulations available to you if you ask to see them.

Attachment: Certification form HUD-5382 (pages 16-1717)

CERTIFICATION 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.

Form HUD-5382
(06/2017)

CERTIFICATION
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

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.

Form HUD-5382
(06/2017)