

Application for Admission for Stonequist Apartments  
One South Federal Street  
Saratoga Springs N.Y. 12866  
Phone: 518-584-6600

This application must be returned to the office located at One South Federal Street, Saratoga Springs, N.Y. 12866. If you have a reasonable accommodation request due to a disability, we can provide an alternative method for your application process upon your request. Please answer all of the questions and include all of the information requested. If a question does not pertain to you, please indicate N/A in the answer space. Failure to do so will result in the application being considered incomplete and therefore unable to be processed. Make certain that you carefully read and understand all items prior to submitting this application. All information is strictly confidential. Pets are under no circumstances allowed on the property. Service animals are considered a reasonable accommodation, and all paperwork must be turned in upon acceptance of a unit. The occupancy of a unit is subject to possession of the unit being delivered by its present occupant. It is understood that this application and each prospective occupant is subject to approval and acceptance. Approval is based on, but not limited to, accepted credit history and demonstrated ability to pay the required rent. When also approved and accepted, the applicant agrees to execute a lease before possession is given and to pay the first month's rent, plus the required security deposit. All adults, aged 18 or older, listed on the application will be required to sign the application and its attached forms; and will be required to provide proof of photo identification.

Head of Household Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Single/ Married/ Separated/ Divorced Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Present Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Is your present landlord a relation to you? Yes No

Present Landlord Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

How long have you resided there: \_\_\_\_\_ Dates Resided at Address: \_\_\_\_\_ to \_\_\_\_\_

Current Monthly Rent: \$ \_\_\_\_\_ Does Rent include Utilities:  Yes  No

Are any of your prior landlords a relation to you?  Yes  No

If yes, which landlord: \_\_\_\_\_

What is your citizenship status:  Citizen/National of U.S.A.  Eligible non-Citizen  Ineligible non-Citizen

If Eligible Non-Citizen Provide: ALIEN/USCIS # \_\_\_\_\_ and Card Number \_\_\_\_\_  
Card Number is located on the back of the I-551(Issue Apr2010) Permanent Resident Card and the front of I-551(Issue Nov2004)

Based on the number of household members, how many bedrooms are you applying for? \_\_\_\_ 0 Bed \_\_\_\_ 1 Bed

**Please list ALL ADULTS aged 18 years or older, including yourself, who will be residing in the unit:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student: \_\_\_\_ Yes \_\_\_\_ No Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student: \_\_\_\_ Yes \_\_\_\_ No Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Source of Income: \_\_\_\_\_

**Please list all children who will be residing in the household:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student: \_\_\_\_ Yes \_\_\_\_ No Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student: \_\_\_\_ Yes \_\_\_\_ No Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student: \_\_\_\_ Yes \_\_\_\_ No Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Do you have full custody of all children noted above?  Yes  No  Partial

Absent Parent(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Absent Parent(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

List your last two addresses. Please note: if another person will be responsible for renting the apartment with you, their current and previous two addresses must be listed on this form as well. The landlords' names and addresses must be provided.

Previous Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you reside at this address? \_\_\_\_\_ months/years Dates resided there: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you reside at this address? \_\_\_\_\_ months/year's Dates resided there: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

**Other Adult/Spouse/Co-head:**

Current Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you reside at this address? \_\_\_\_\_ months/years Dates resided there: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you reside at this address? \_\_\_\_\_ months/years Dates resided there: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you reside at this address? \_\_\_\_\_ months/years Dates resided there: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Are there any household members currently living in housing with a subsidized program?  Yes  No

If yes, is this assistance:  Section 8  Public Housing

If yes, list the name(s) of the complex(s): Complex:

Manager/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complex: \_\_\_\_\_

Manager/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please note: Assistance through subsidy can only be made available to any persons that are not currently receiving subsidy elsewhere. Assistance for this property cannot be made available to you at this property while you are receiving assistance for another residence.*

Are/were you or any other adult household members active in the military or armed forces?  Yes  No

Have there been any changes to your household composition in the last 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you anticipate any changes to the household composition in the next 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you own a vehicle?  Yes  No If yes, please provide the following information:

License #: \_\_\_\_\_ State of Registration: \_\_\_\_\_ Model/Type: \_\_\_\_\_

Are any household members currently undergoing an eviction or ever been evicted in the past?  Yes  No

If yes, please state the reason for the eviction: \_\_\_\_\_

Are any household members currently living in a unit with any type of pest?  Yes  No

Are any household members currently living in a unit containing bed bugs?  Yes  No

Do any household members have any type of pet?  Yes  No

Has any household member ever committed fraud in a federally assisted housing program?  Yes  No

Has any household member ever been required to repay money for knowingly misrepresenting information for any federally assisted program?  Yes  No

Have any household members ever been convicted of the illegal manufacture, use or distribution of a controlled substance?  Yes  No

Have any household members ever been convicted of a sex related crime? Are they or have they ever been listed on the sex offender registry in any state?  Yes  No

Has any household member ever been convicted of a felony?  Yes  No

If yes, please list dates for time served/probation/parole status: \_\_\_\_\_

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Have you or any household member ever used another social security number other than the one you were assigned?

Yes  No If yes, please explain: \_\_\_\_\_

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If you answered yes to any of the above questions, please explain: \_\_\_\_\_

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**STUDENT STATUS INFORMATION:**

Are any household members listed on this application currently enrolled as a student in an institute of higher education? (Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in recognized occupation and accredited post-secondary colleges and universities.)

If yes, please list all household members who are currently or intend to be enrolled in an institute of higher education:  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_

Name of School/Institute: \_\_\_\_\_

**For any household member(s) listed as a full-time student above, please answer the following:**

Are any full-time students married and filing a joint tax return?  Yes  No

Are any full-time students enrolled in a job-training program receiving assistance under the job training partnership act?  Yes  No

Are any full-time students a Title V/TANF recipient?  Yes  No

Are any full-time students considered to be a single parent living with their minor child and both the parent and child(ren) are not dependents on another's tax return?  Yes  No

Are any full-time students previously a foster child?  Yes  No

\*For this property, one cannot be a full-time student for more than five months in a calendar year. The only exception to this is if one of the above criteria has been met.

**EMPLOYMENT INFORMATION:**

Present Employer for Head of Household: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_ How long have you been employed here: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Gross Weekly Wage: \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Average Hours worked per week: \_\_\_\_\_

Present Employer for Other Adult: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_ How long have you been employed here: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Gross Weekly Wage: \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Average Hours worked per week: \_\_\_\_\_

**ALL INCOME MUST BE REPORTED:** Failure to report income may jeopardize your application/ability to qualify for assistance.

Complete for all members of the household. List all money earned or received by everyone living in your household. Please list a "0" (zero) on each line that no income is received.

SOURCE	GROSS MONTHLY INCOME
Social Security	
SSI/SSP	
Pensions	
Public Assistance (do not include food stamps)	
Child Support/Alimony/Adoption Assistance	
Trust Funds	
Disability	
Unemployment Insurance	
Worker's Compensation	
Wages (if not previously listed)	
Self-Employment	
Rental Income	
Income Property Owned (List Market Value of Real Estate)	
Military Reserves	
Money Paid to you by Higher Education (Grants/Scholarships)	
Any monies paid to anyone in HH by someone not living in HH (include any bills paid by someone outside the household)	
Household Utility Assistance from source other than HUD (include HEAP)	
Other (specify source)	

Have any household members sold or disposed of any asset(s) valued over \$1,000.00 in the last two years?

Yes  No If yes, what type of asset was it? (e.g. money, land, home, etc.) \_\_\_\_\_

What was the Market Value when sold/disposed (must be verifiable) \$ \_\_\_\_\_

Actual amount sold/disposed for: \$ \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

Name/Address of Broker: \_\_\_\_\_

Has any household member filed income taxes for the last tax year?  Yes  No

If yes, what was the filing status listed on the income tax return:

Single  Married/Joint  Married/Separate  Head of Household  Qualifying Widow(er) with Dependent

Please list all the states that the household members have resided in besides New York State: \_\_\_\_\_

**ASSET INFORMATION**

List ALL assets and investments owned by ALL members of the household. Include all savings accounts, checking accounts, IRA's, Keogh accounts, annuities, certificate of deposits, real estate owned (must provide full market value of all real estate owned,) stocks, bonds and all other asset types owned. Please use a separate sheet of paper if necessary.

Asset Type	Yes/No	Name of Household Member Holding Asset	Value	Asset Location Name/Address
Checking Acct			\$	
Savings Acct			\$	
Certificate of Deposit			\$	
IRA/Keogh/401K			\$	
Real Estate			\$	
Stocks/Bonds			\$	
Life Insurance			\$	
Burial Fund			\$	
Trusts			\$	
Other Asset(s)			\$	
Debit Cards			\$	

**CHILDCARE EXPENSE INFORMATION (Section 8 Properties Only)**

Do you pay for childcare for a child 12 years old or younger so that you can work or attend school?  Yes  No

If yes, what is the weekly cost for childcare: \$ \_\_\_\_\_

Name of childcare provider: \_\_\_\_\_

Address of childcare provider: \_\_\_\_\_

**ELDERLY/DISABLED HOUSEHOLD INFORMATION (Section 8 Properties Only)**

There is a deduction of \$400.00 per every elderly/disabled household when calculating rent. An elderly household is one in which the head, co-head or spouse is at least 62 years of age. A disabled household is one in which the head, co-head or spouse is handicapped or disabled as defined by the agency providing subsidy. A verification form will be sent to a medical professional, but it does not inquire about the name of the disability.

Would you like to be considered for the \$400.00 Elderly/Disabled Household Allowance?  Yes  No

**MEDICAL EXPENSE INFORMATION (Section 8 Properties Only)**

An elderly/disabled household may be eligible to receive a deduction from their rent based on the amount of ongoing medical expenses they incur. List all medical expenses you expect to incur in the next 12 months that will NOT be PAID or REIMBURSED by Medicare or any kind of health insurance and which you expect to be continuous.

**Head of Household:**

Health Insurance: \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_

Medicaid Spend Down  Yes  No If yes, monthly Amount: \$ \_\_\_\_\_

Medicare:  Yes  No If yes, monthly Amount: \$ \_\_\_\_\_

Prescriptions (all out of pocket expenses not covered by insurance; used for ongoing medical issues):

Pharmacy Name: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Unpaid Hospital Bills for which you are making payments: (Only out-of-pocket expenses not covered by insurance or another agency.)

Total Amount Owed: \$ \_\_\_\_\_ Monthly Payment Amount: \$ \_\_\_\_\_

**Other Adult:**

Health Insurance: \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_

Medicaid Spend Down  Yes  No If yes, monthly Amount: \$ \_\_\_\_\_

Medicare:  Yes  No If yes, monthly Amount: \$ \_\_\_\_\_

Prescriptions (all out of pocket expenses not covered by insurance; used for ongoing medical issues):

Pharmacy Name: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Unpaid Hospital Bills for which you are making payments: (Only out-of-pocket expenses not covered by insurance or another agency.)

Total Amount Owed: \$ \_\_\_\_\_ Monthly Payment Amount: \$ \_\_\_\_\_

**REASONABLE ACCOMMODATION INFORMATION**

This information is voluntary. SSHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any household member have a disability or handicap. You may request a reasonable accommodation at any time during the application process or after admission. If you would prefer not to discuss your situation with management, that is your right as well.

Does any member have special housing needs which require any of the following: Please check all that apply.

Separate Bedroom  Unit for Vision Impaired  Unit for Hearing Impaired

Barrier-Free Unit  One-Level Unit  Br/Bath on 1<sup>st</sup> Floor

Live-in Aide  Service Animal  Ramp

Other (please specify): \_\_\_\_\_



Please complete the following to help us identify which forms of advertisement or outreach we are using in accordance with our AFHMP that is working to reach our targeted areas.

How did you hear about our community?

- Newspaper Advertisement (please indicate which newspaper)
- Friend or Current/Former Resident
- Referral from Community Resource
- Internet (please indicate where online)
- Brochure/Flyer
- SSHA Website
- Other (please specify)

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**APPLICANT CERTIFICATION (READ CAREFULLY)**

**I/We hereby certify that I/we do not and will not maintain a separate subsidized rental unit in another location. I/we understand that I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence. I/we understand that we must provide valid proof of social security numbers for all household members prior to occupying a unit.**

**I/we understand that eligibility for housing will be based on either the USDA, Rural Development, Low-Income Housing Tax Credit program, and/or the Department of Housing and Urban Development's eligibility criteria and SSHA resident select criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damaged to the property or others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from a residential program; (5) police records indicating any type of criminal activity or conviction. And (6) a credit score lower than that set for this project by an online screening website.**

**I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law and could be grounds for cancellation of this application or termination of residency after occupancy.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Control Number

The Fair Housing Act/Federal Law prohibits discrimination in the sale, rental or facing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. USA, Rural Development applicants may file any complaints of discrimination to USDA, Director, Office of Civil Rights, Room 326-W, Whitton Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-6964 (voice or TTD.) Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington D.C. 20410.

**The following section is optional and not required to submit an application:**

The individual listed as Head of Household on this application should complete the following.

**Race of Head of Household:**

- Asian     American Indian/Alaskan Native     Black or African American     Caucasian  
 Native Hawaiian or Other Pacific Islander     Other: \_\_\_\_\_

**Ethnicity of Head of Household:**

- Hispanic     non-Hispanic

“Title 18 , Section 1001\* of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use or the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$7,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208(a), (6), (7), (8). Violation of these provisions are cited as violations of the 42 U.S.C. 408 (a), (6), (7) and (8).”

**ATTACHMENTS TO THIS APPLICATION:**

1. VAWA Right and Certification Form
2. Authorization to use an online screening website for credit/criminal background checks
3. Criminal History Policy
4. Credit History Policy
5. Supplement to Application for Federally Assisted Housing

Please be sure to read through and complete by signing/dating all forms in this application. If something does not apply to your application on the attached forms, kindly sign/date and enter in N/A where appropriate.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

## Applicant/Co-Applicant Consent Form

I/we hereby consent to allow Saratoga Springs Housing Authority through its' designated agent and its' employees, to obtain and verify my credit information (including a criminal background and sex offender status) for the purpose of determining whether or not to lease me/us an apartment. I/we understand and consent that should I/we lease an apartment a charge not to exceed \$20 for any background checks to be completed will be billed to my account.

PLEASE PRESENT PHOTO I.D. FOR ALL ADULTS (18 YEARS AND OLDER) IN HOUSEHOLD

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse of- Co-tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

### PENALTIES FOR MISUSING TIDS CONSENT:

'Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at "208 (a) (6), (7) and (8)." Violations of these provisions are cited as violations of 42 USC "408 (a) (6), (7) and (8)."



## Rental History Consent Form

I/we hereby consent to allow Saratoga Springs Housing Authority through its' designated agent and its' employees to obtain and verify my landlord references.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

### PENALTIES FOR MIS USING THIS CONSENT:

"Title 8, Section 100a of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at "208 (a) (6), (7) and (8)." Violations of these provisions are cited as violations of 42 use 408 (a) (6), (7) and (8).\*





## Homes and Community Renewal

### **Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

#### **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.<sup>1</sup> 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.

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

<sup>1</sup> 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**

\_\_\_\_\_ [Insert the project name, owner, or covered housing provider (acronym HP for purposes of this document)] may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

**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 *of* 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 *OF* those who work on the property.

If HP can demonstrate the above, HP should **only** terminate your assistance *of* 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/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://her.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf>

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>.

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

**Attachment:** Certification form HUD-5382

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

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

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

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

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

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

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

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

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

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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

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

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

5. Residence of victim: \_\_\_\_\_

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

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

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

10. Location of incident(s): \_\_\_\_\_

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

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

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

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

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



# Homes arid Community Renewal

ANDREW M. CUOMO  
Governor

RUTHANNE VISNAUSKAS  
Commissioner/CEO

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

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

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

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

### **You Cannot Be Rejected Based On:**

1. Arrest records that were resolved in your favor;
2. Youthful offender adjudications;
3. Pending arrests with adjournments in contemplation of dismissal;
4. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
5. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
6. Convictions that were excused by pardon, overturned on appeal or vacated;
7. Convictions or pending arrests that do not involve physical violence to persons or property, or affected the health, safety and welfare of others

### **You Cannot Be Asked About 1-5 Above**

If a housing provider asks you about such matters, you may answer as if the protected arrest, conviction or adjudication never occurred. For more information on this protection, including how to file a complaint if you believe you have been discriminated against, see the New York State Division of Human Rights' Protections Under the Law for People with Arrest and Conviction Records (<https://dlit.ny.gov/protections-people-arrest-and-conviction-records>).

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

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

1. How much time has passed since the conviction(s)?
2. How old were you at the time of the conviction(s)?
3. How serious was the conviction(s)?
4. What evidence do you have about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)?

If you were not given an opportunity to answer these questions, or if you feel the housing provider did not properly evaluate your application and wrongfully denied you housing, contact New York State Homes and Community Renewal's Fair and Equitable Housing Office at [feho@nyshcr.org](mailto:feho@nyshcr.org) for assistance. More information is available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies>





## Homes and Community Renewal

ANDREW N. CUOMO  
Governor

RUTHANNE VISNAUSKAS  
Commissioner/CEO

### **Know Your Rights: New York State's Credit Policy for Applicants to State-Funded housing**

A housing provider/landlord cannot automatically deny your application to state-funded rental housing based solely on your credit score or history. **If you have a low credit score or negative credit history, you must be provided with the opportunity to present additional information to explain or refute the findings.**

#### What is the policy?

- You **CAN** avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months.
- You **CANNOT** be rejected because of your credit score or credit history if:
  - o Your FICO credit score is 580 or above (or 500 if you are homeless),
  - o You have limited or nonexistent credit history,
  - o Rent subsidies pay your entire rent,
  - o Your credit score or credit history is a direct result of a Violence Against Women Act (VAWA)-covered crime (like domestic violence, stalking or harassment), or
  - o You have a history of bankruptcy or outstanding debt but present evidence of on-time rental payments over the past 12 months.
- You **CANNOT** be rejected based on:
  - o Medical debt or student loan debt.
  - o Bankruptcies that occurred over 1 year ago.
  - o Unpaid debt that is less than \$5,000.
  - o A past eviction or housing court history.
  - o Limited or no rent or credit history.

#### What are my rights?

- Housing providers must accept evidence that you paid your last 12 months rent in full and on time instead of requiring a credit check.
- Housing providers may only reach out to your current or previous landlord without your permission to obtain information on major lease violations.
- Housing providers are limited in the fees that they can charge you:
  - o A housing provider cannot charge you a credit or background check fee if you provide one to them that was run within the last 30 days.
  - o A housing provider may not charge you more than \$20 or the actual cost (whichever is less), to run both a credit check and a background check.
- *Before* rejecting your application based on your credit report, you must be given 14 days to present evidence of circumstances that explain negative credit findings such as errors in the credit report and short-term periods of unemployment/illness.
- If you are denied, you must be told why and you must be provided with a copy of your credit report and background check.

Find more information about your rights when applying to state-funded housing, including if you have a criminal convictions, here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies>