



**Oakwood Senior Apartments**  
**A People Inc. Housing Community**

**Phone:** (716) 822-0575

**Web** <https://www.people-inc.org/affordableapartmentsinformation/index.html>

**Email:** [housing@people-inc.org](mailto:housing@people-inc.org)

Dear Interested Party:

Rental applications are currently being accepted for our newest residential property, Oakwood Senior Apartments located on the corner of Oakwood & South Park in Blasdell, New York. The complex offers 33 units of quality affordable housing for seniors whose head of household is age 55 of age or older, with 7 units dedicated to individuals diagnosed as “frail elderly” and also homeless.

Tenants will be responsible for their own utilities (gas heat, hot water, electric cooking, lights, & AC) and **must be prepared to put the gas and electric services in their names** as of their scheduled move in date, as well as demonstrate that they have adequate income to afford both the rent and utilities.

The maximum income limits for Oakwood is based on the median income for Erie County as established by the US Department of Housing & Urban Development (HUD). Household income must not be more than:

<b>MONTHLY RENT:</b>	<b>**MINIMUM/MAXIMUM INCOME:</b>
<b>1 Bedroom: (31)</b>	<b>1 or 2 people - \$33,560</b>
\$676.00 - \$772.00	
<b>2 Bedroom: (2)</b>	<b>2, 3 or 4 people - \$39,320</b>
\$783.00-908.00	

Note: Section 8 Voucher Holders are welcome and will automatically qualify within some income limits.

Thank you for your interest in a rental opportunity with our housing program. We have enclosed an application per your request. Please complete and sign the application in its entirety and return it to: **Oakwood Senior Apartments**; 15 Oakwood Ave; Blasdell, NY 14219. **Incomplete lines on the applications will be returned.**

All applications will be logged and processed in the order of date & time received and preliminary eligibility is determined by using the information you provide. Applicants will be given an interview appointment when apartments are available or notified in writing if placed on the waiting list. Being granted an interview DOES NOT guarantee an apartment will be offered to you. Any applicant that is determined to be ineligible will be given the reason for the determination and will have an opportunity to request an appeal within a specified time frame.

**Please mail your completed application to “Oakwood Apartments” at the address above.** If you have a disability and need assistance with application process please contact our Intake Specialist at (716) 880-3890. Reasonable accommodations will be made for all persons with disabilities or handicaps.

**Please note that Oakwood Senior Apartments are smoke-free.**



For office use only: Date Received: _____ Time Received: _____ Witnessed by: _____ Special Feature requested: Wheelchair / Hearing / Vision	Referred by: <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> TV/Radio <input type="checkbox"/> Other: _____
--	--

Oakwood Senior Apartments  
 15 Oakwood Ave.  
 Blasdell, NY 14219

Phone: (716) 880-3890  
 Deaf/Hard of Hearing: (800) 662-1220  
 Web: people-inc.org

I am interested in the following (PLEASE CHECK ONE):

- One (1) bedroom**       **Two (2)**  
**Other:**    *Wheelchair accessible*     Vision Challenges     Deaf/Hard of Hearing

- **ALL SECTIONS of this application MUST BE FILLED IN or MARKED AS N/A (NON-APPLICABLE).**
- **LEGAL NAMES** for each household member must be used. All information is kept confidential, safe, and secure.
- **INCOMPLETE APPLICATIONS** will be returned to you. If you are unable to fill out this application, the person who is assisting you **MUST SIGN THE LAST PAGE WITH THEIR NAME.**

**Household information:**

First Name, Middle initial, Last Name <i>*PLEASE PRINT CLEARLY*</i>	Relationship to Head of Household	Social Security Number	Date of Birth	Full time Student Y/N	U.S. Citizen Y/N
1.	Head				
2.					
3.					
4.					

Current Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ALTERNATE CONTACT (when unable to contact you or in case of emergency):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Do you wish for all correspondence to go to this contact?     Yes     No

**RENTAL ASSISTANCE:**

1. Will your household be receiving **rental assistance** at the time of move in?     Yes     No  
 Name of Agency providing voucher: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. **Do you require a Reasonable Accommodation due to a disability?**     Yes     No  
 Please explain: \_\_\_\_\_

**Please answer all questions:**

Are you currently homeless and requesting an ESSHI apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide agency that can verify your current living situation: Agency: _____ Address: _____ Phone: _____
Are you requesting Frail Elderly status for an ESSHI Apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of medical provider that can verify Frail Elderly status: Provider: _____ Address: _____ Phone: _____
ESSHI eligibility requires you to be enrolled in Medicaid, do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you expect any additions to the household within the next twelve months?<br>If yes, first and last name and relationship: _____<br>Explanation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you or anyone in your family require a <b>Live-in Aide</b> ?<br><i>This is someone who will live in with you in your apartment 7 days a week/24 hours a day.</i><br>First and last name of Live-in Aide: _____<br>Complete Address: _____ Phone Number: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you need an <b>accessible unit</b> , which may feature walk/roll in shower, lower cabinets and shelving?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you need a Reasonable Accommodations request due to a disability?<br>If yes, please describe: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If applicable, do you have full custody of all minor children listed on this application?<br>If no, please explain custody arrangements: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. What is your preferred language? _____   |                          |                          |

**Student Information:**

Is anyone in your household (including minors) is currently a full or part time student or planning to be one in the next 12 months? Yes  No

**If yes, please list whom and indicate name of school:**

Name: \_\_\_\_\_ Status: Full \_\_\_\_\_ or Part \_\_\_\_\_ time Name of school: \_\_\_\_\_  
Name: \_\_\_\_\_ Status: Full \_\_\_\_\_ or Part \_\_\_\_\_ time Name of school: \_\_\_\_\_  
Name: \_\_\_\_\_ Status: Full \_\_\_\_\_ or Part \_\_\_\_\_ time Name of school: \_\_\_\_\_  
Name: \_\_\_\_\_ Status: Full \_\_\_\_\_ or Part \_\_\_\_\_ time Name of school: \_\_\_\_\_

If all household members are students, please answer the following:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you married and eligible to file a joint federal return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you receiving TANF or Forster Care Assistance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were you formerly in a foster care program?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you enrolled in a federal Job Training program or another similar local, county, or state program? If yes, contact name: _____ phone: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever used a different social security number?<br>If yes, please note it here: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

**Gross Annual Income (USE DOLLAR AMOUNTS):**

Please write the **GROSS Monthly & annual AMOUNTS** for each household member for all **INCOME RECEIVED**.  
 Applications cannot be processed if no income and/or assets are listed

**Head of Household**

Source of Income	Gross monthly amount	Gross annual amount
Social Security		\$
SSI SSD		\$
SSP		\$
Disability / Comp / Insurance		\$
Employment (Wages)		\$
Unemployment benefits		\$
Pension Benefits		\$
Annuity/investment monthly		\$
Veteran's benefits		\$
Public Assistance (Cash benefits)		\$
Alimony / Child Support		\$
Income benefits for minors		
Student financial aid (Grants)		\$
Self-employment income		\$
Regular contributions from family		\$
Other income not listed above		\$

**Co-Head (any household over 18 years of age)**

Source of Income	Gross monthly amount	Gross annual amount
Social Security		\$
SSI SSD		\$
SSP		\$
Disability / Comp / Insurance		\$
Employment (Wages)		\$
Unemployment benefits		\$
Pension Benefits		\$
Annuity/investment monthly		\$
Veteran's benefits		\$
Public Assistance (Cash benefits)		\$
Alimony / Child Support		\$
Income benefits for minors		
Student financial aid (Grants)		\$
Self-employment income		\$
Regular contributions from family		\$
Other income not listed above		\$

Does any member listed on this application work for cash?

 Yes  No

Is any member listed on this application claiming ZERO INCOME?

 Yes  No

If yes, list member's first &amp; last name: \_\_\_\_\_

**Assets** List all assets for each household member

Household member	Type of account	Approximate balance	Company/Source
	Checking		
	Savings		
	Debit Card		
	Trust Account		
	Burial Account		
	CD or Money Market		
	Stocks/Bonds		
	Annuity/IRA		
	Life Insurance		
	CASH ON HAND		

Co-Head or 18 & over	Type of account	Approximate balance	Company/Source
	Checking		
	Savings		
	Debit Card		
	Trust Account		
	Burial Account		
	CD or Money Market		
	Stocks/Bonds		
	Annuity/IRA		
	Life Insurance		
	CASH ON HAND		

Does any member listed on this application own any property?  Yes  No  
 If yes, type of property? \_\_\_\_\_ Location: \_\_\_\_\_ Approximate value: \_\_\_\_\_

**\*\*Applications cannot be processed if there is no income and/or assets listed\*\***  
**DEBIT CARDS ARE CONSIDERED AN ASSET.**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have you disposed of or closed any asset in the past two (2) years:<br>If yes, amount: \$_____ Please explain: _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you or any other household member expect changes to your income<br>in the next 12 months? If yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**Criminal Screening**

Please know that we will run criminal screenings on all applicants 18 years of age or old at the time we have a unit available. The criminal screening portion is NOT an option.

Have you or any household member ever been convicted of methamphetamine production in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
Is any member listed on this application subject to a Lifetime Sex Offender Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all states you have lived in: _____

**Vehicle Information:** List any cars, trucks or other vehicles owned. Parking will be provided for one vehicle per tenant.

Type of Vehicle: \_\_\_\_\_ Year/Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
 Color: \_\_\_\_\_ Registration expiration date: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Year/Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
 Color: \_\_\_\_\_ Registration expiration date: \_\_\_\_\_

**Animal/Pet Information:** Our policy allows for one (1) common household pet that is less than 25 lbs. at maturity. Domesticated dog, cat, bird, rodent/rabbit and fish. Does not include reptiles except a turtle.

Do you own any pet?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have a service or support animal?  Yes  No

If yes, please describe: \_\_\_\_\_

**Tenant Demographic Profile:**

<b><u>Race Codes:</u></b>	<b><u>Ethnicity Codes:</u></b>	<b><u>Gender Codes:</u></b>
1 White	1 Hispanic / Latino	F - Female
2 Black / African American	2 Non-Hispanic or Latino	M – Male
3 American Indian / Alaska Native		N – Non-Binary
4 Asian		T – Transgender
5 Native Hawaiian / Pacifica Islander		D – Prefer to self-describe
6 Other		N/A – Prefer not to say

***Please use codes in the chart above to indicate the Race, Ethnicity, Disabled Status, & Gender of each member of the household :*** (Information for Government Fair Housing Practices Only):

<b>Household Member</b>	<b>Race Code # 1, 2, 3, 4, 5, or 6</b>	<b>Ethnicity Code # 1 or 2</b>	<b>Disabled Y or N</b>	<b>Gender: F, M, N, T, D, N/A</b>
1				
2				
3				
4				

**Authorization: (Read carefully and sign below this statement)**

I understand that People Inc. is relying on the information I provided to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all the information and answers to the above questions are true & complete to the best of my knowledge. **I consent to release the necessary information to determine my eligibility and that providing false information or making false statements may be grounds for denial of my application.** I also understand that such action may result in criminal penalties.

Signature of Head of Household

Name Printed

Date

Driver's License or non-driver's license ID#

State

**Note: Any Co-Applicant 18 years of age or older, must sign below:**

1

Signature Co-applicant Member #2

Name Printed

Date

Driver's License or non-driver's license ID#

State

2

Signature Co-applicant Member #3

Name Printed

Date

Driver's License or non-driver's license ID#

State

3

Signature Co-applicant Member #4

Name Printed

Date

Driver's License or non-driver's license ID#

State

Please note that you have the right to review/contest and/or have explained the results of criminal background screen.



Revised 4/2025



## 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>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **People Inc.'s housing program (HP)** complies with VAWA. 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 assistance under **People Inc.'s housing 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

If you are receiving assistance under **People Inc.'s housing program**, 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 under **People Inc.'s housing program** 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

HP 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.

---

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

<sup>2</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.



## **Moving to another Unit**

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

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

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

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

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

## **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **the Department of Housing & Urban Development at (716) 551-5755.**

**For Additional Information**

You may view a copy of HUD's final VAWA rule at **HUD Federal Register # 79 CR 62751**.

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

For questions regarding VAWA, please contact **Crisis Services at (716) 834-3131**.

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).

You may also contact the local organization at (512) 453-8117.

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>**.

For help regarding sexual assault, you may contact:

**Erie County: (716) 834-2310      Genesee County: (585) 344-0516**

**Niagara County: (716) 438-3306      Cattaraugus County: (888) 945-3970**

Victims of stalking seeking help may contact **your local law enforcement or 911**.

**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.



## DISCLOSING TENANTS' RIGHTS TO REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

### Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact your property manager by calling **716-880-3890**, or by e-mailing **housing@people-inc.org**. You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

\* The Notice must include contact information when being provided under 466.15(d)(1), above. However, when being provided under (d)(2) and when this information is not known, the sentence may read "To request a reasonable accommodation, you should contact your property manager."

† This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice. Specifically, if you have a physical, mental, or medical impairment, you can request:†  
Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out);

---

† This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

Changes to your housing provider's rules, policies, practices, or services; Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.
- If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a "no pet" rule.
- If you need grab bars in your bathroom, you can request permission to install them at your own expense. If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.
- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space, or place you at the top of a waiting list if no adjacent spot is available.
- If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be made available to you electronically, you can request that accommodation from your landlord.

### **Required Accessibility Standards**

All buildings constructed for use after March 13, 1991, are required to meet the following standards:

- Public and common areas must be readily accessible to and usable by persons with disabilities;
- All doors must be sufficiently wide to allow passage by persons in wheelchairs; and
- All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint with the New York State Division of Human Rights.

### **How to File a Complaint**

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to [www.dhr.ny.gov](http://www.dhr.ny.gov), or by calling 1-888-392-3644. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.





KATHY HOCHUL  
Governor

## Homes and Community Renewal

RUTHANNE VISNAUSKAS  
Commissioner/CEO

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

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

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

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

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

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

#### **You Cannot Be Asked About 9-12 Above**

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

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

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

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

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