

# Westview Hills Apartments

5 Wildbriar Drive • Livonia, NY 14487  
PH 585-346-6830 • Fax: 585-346-6823 • TTY 1-800-662-1220  
rkingston@gvrpc.com

**Westview Hills Apartments is an apartment complex designed for persons aged 62 and older or persons with a disability aged 18 years and older.** The apartments were constructed with financing and subsidies provided by USDA Rural Development and NYS HCR.

**Language services are available to those with Limited English Proficiency at no cost.**

## **Income Limits**

Annual income (gross income including interest income from assets) must be below the following amount to qualify for Westview Hills Apartments:

- One person household: \$41,400 per year
- Two person household: \$47,280 per year

## **Citizenship**

To be eligible, applicants must be U.S citizens, U.S. noncitizen nationals, or qualified aliens. Aliens must provide proof of eligible immigration status.

## **Rent**

Your share of the cost of rent is based on your income. It is calculated on a case-by-case basis based on 30% of your adjusted gross income.

## **Maximum Rents (Basic Rents)**

- One Bedroom Apartments at \$615 - security deposit of the same amount

## **Application Process**

Please complete the application form completely and return it to the above address.

**Fill in all items. Do not leave any questions blank.** There is no application fee. Landlord references, credit checks and criminal checks will be completed. After your application has been processed, you will be notified by mail. If your application meets the eligibility requirements for this property, it will be placed on the waiting list. When a vacancy is expected, you will be contacted with information on further steps.

## **Please contact**

(585) 346-6830 Rachel Kingston, Site Manager

## **Office Hours:**

Tuesday: 8:30 AM – 2:30 PM  
Thursday: 8:30 AM – 2:30 PM



# Westview Hills Apartments

## **Smoke-Free**

Westview Hills Apartments is a Smoke-Free apartment complex. No smoking is allowed in any areas of the building; ***including inside apartments.***

## **Property Features**

24 Total Apartment Units:      1 bedroom - 24 @ 612 square feet

### **Utilities**

Heat:                                  Electric heating. Paid by resident  
Electric:                                Individually metered for each apartment. Paid by resident.  
Water, Sewer, Trash: Paid by landlord.

**Parking:** Free off-street parking.

**Community Room:** Social room with kitchen for use by residents and their guests.

**On-Site Laundry:** Washers and dryers are coin-operated.

**Apartment Unit Features:** All apartments contain a living room, a full kitchen, pantry, bathroom, two closets and one bedroom. Electric range, refrigerator and built-in air conditioner provided. Storage space is available to residents.

## **Safety**

**Fire Alarm System** safeguards the entire building.

**Entrance:** The main entry door is locked at all times. Visitors call residents by way of an intercom system located in the entry. Residents can then open the main door from their apartment.

**Detectors:** Each apartment has a Smoke Detector and Heat Detector.

**Sprinklers: This apartment complex is not equipped with a sprinkler system.**

## **Accessibility**

A handicapped-accessible elevator serves both floors.

**Handicapped Apartments:** Three apartments are handicapped-accessible with roll-in showers.

**Grab Bars:** All apartments have grab bars next to the toilets and in the tub or shower.

If you need a reasonable accommodation for a disability, please let us know.



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Please return to: **5 Wildbriar Drive  
Livonia, NY 14487  
Phone (585) 346-6830  
Fax (585) 346-6823  
TTY 1-800-662-1220**

## RENTAL APPLICATION

If you need assistance completing this form, please contact the Site Manager. Any individual with a disability who needs accommodation with respect to this correspondence should inform the Site Manager.

**Language services are available to those with Limited English Proficiency at no cost.**

OFFICE USE ONLY:

Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Initials \_\_\_\_\_  
Disposition \_\_\_\_\_

**Fill in all items. Do not leave any items blank. If it does not apply, enter "NA". Please Print.**

It will be your responsibility to provide management with all the necessary information to properly process your application and verify your eligibility. This includes names, addresses, phone and fax numbers, where applicable and any other information required. If questions are not answered, the application may be deemed to be incomplete and could be returned to you. Please answer truthfully. We will verify your information.

**APPLICANT INFORMATION:**

<b>CURRENT Address:</b> If using a P.O. Box number, please include your street address			<b>Phone Numbers:</b>	
_____			Home: _____	
First Name	Middle Initial	Last Name	Cell: _____	
Street _____			Work: _____	
City	State	Zip	Email: _____	
How long have you lived there?: from _____ to _____			<input type="checkbox"/> Rent or <input type="checkbox"/> Own your home Monthly rent or mortgage payment: \$ _____	

**CO-APPLICANT INFORMATION:**

<b>CURRENT Address:</b> If using a PO Box number, please include your street address			<b>Phone Numbers:</b>	
_____			Home: _____	
First Name	Middle Initial	Last Name	Cell: _____	
Street _____			Work: _____	
City	State	Zip	Message: _____	
How long have you lived there?: from _____ to _____			<input type="checkbox"/> Rent or <input type="checkbox"/> Own your home Monthly rent or mortgage payment: \$ _____	

Name of person to notify in case of emergency:	Phone#:
_____	_____

**HOUSEHOLD MEMBERS**List **ALL** persons who will be living in the apartment.

You must use the correct legal name for each household member as it appears on the social security card.

Name	Social Security #	Birthdate	Age
(Applicant)			
(Co-Applciant)			

**INCOME** List **ALL** sources of income (gross income before deductions):

Source of Income per month:	Applicant	Co-Applciant
Employment /month (include tips and bonuses)	\$	\$
Public Assistance (DSS/TANF) <i>do not include food stamps</i>	\$	\$
Unemployment	\$	\$
Social Security <i>before Medicare deduction</i>	\$	\$
Supplemental Security Income (SSI)	\$	\$
NY State Supplement Program (SSP)	\$	\$
Disability	\$	\$
Worker's Compensation	\$	\$
Alimony or Child Support	\$	\$
Insurance Policies	\$	\$
IRA, Pensions or Annuity income	\$	\$
Veterans Administration Pension	\$	\$
Self-Employment or Business income	\$	\$
Income from Rent or Sale of Property	\$	\$
Regular contributions from outside the household	\$	\$
All Other Income	\$	\$
<b>TOTAL HOUSEHOLD INCOME before deductions</b>	\$	\$

Applicant Name	Current Applicant Employer	Employer Address
Position Held	How Long Employed:	

Co-Applciant Name	Current Co-Applciant Employer	Employer Address
Position Held	How Long Employed:	

**ASSETS** List ALL assets:

**CURRENT ASSETS** (list all assets currently held by all household members and the cash value). Cash value is the market value less any reasonable costs that would be incurred in converting the assets to cash (i.e. broker and legal fees).

<b>Current Assets</b>	<b>Cash Value</b>	<b>Bank(s), Credit Union(s) or Company</b>
Checking Accounts	\$	
Savings Accounts	\$	
Direct Express Debit Card	\$	
Annuity, Mutual Funds	\$	
Certificates of Deposit (CD's)	\$	
IRA, Keogh, 401K accounts	\$	
Money Market Funds	\$	
Mutual Funds	\$	
Stocks, Bonds	\$	
Trusts	\$	
Business	\$	
House (minus mortgage owed)	\$	
Personal Property held as an investment	\$	
Life Insurance (Whole or Universal only)	\$	
Real Property (rental property or other capital investment)	\$	
Savings Bonds or Treasury Bills	\$	
Cash	\$	
Investment value of items in safety deposit box	\$	
Any Other Asset	\$	
<b>Total Assets:</b>	\$	

Do you have a BURIAL ACCOUNT?  Yes  No Through which funeral home? \_\_\_\_\_

**ASSETS DISPOSED**

Have you given away, sold or transferred ownership of any assets for less than fair market value (for less than the cash value) in the last two years?  Yes  No

<b>Assets Disposed</b>	<b>Cash Value</b>	<b>Date Disposed</b>
	\$	
	\$	
	\$	

## ADDITIONAL INFORMATION

When do you want to move?		
Why do you want to move?		
How did you hear about this housing?		
<input type="checkbox"/> Pennysaver or Shopper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Drive-by <input type="checkbox"/> Friend or family member	<input type="checkbox"/> Internet <input type="checkbox"/> A Resident of the Apartment Complex <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other _____	
	Circle Yes or No	
Do you understand that Westview Hills Apartments is a <b>SMOKE-FREE</b> apartment building and you are willing to adhere to this policy which is an Addendum to the Lease that there is no smoking in or around the complex <b>including inside the apartments</b> , except for designated outdoor areas?	Yes	No
Are you currently living in subsidized housing?	Yes	No
Will this apartment be your only residence?	Yes	No
Do you expect a change in household size? <i>If yes, when? Explain:</i>	Yes	No
Do you have a pet? <i>If yes, what kind?</i> This property allows a cat or a dog which weigh under 30 pounds. A Pet Deposit is required.	Yes	No
Do you or anyone in your household qualify for the USDA-RD \$400 deduction for disability status? <i>Answer "yes" if you are 62 or older or disabled 18 years or older.</i>	Yes	No
Will anyone in your household require a fully accessible handicapped apartment with a roll-in shower?	Yes	No
Will <b>ALL</b> the household members be or have been full-time students during five months of this calendar year or upcoming year at an educational institution?	Yes	No
Are there any foster children or foster adults who are part of the household?	Yes	No
Has anyone in your household ever been evicted from any housing? <i>From where and when?</i>	Yes	No
Is any household member currently an abuser of or addicted to alcohol or any illegal substance?	Yes	No
Has any member of your household ever been convicted of manufacturing or distributing a controlled substance?	Yes	No
Has anyone in your household been charged or convicted of a crime? <i>List offense and year:</i>	Yes	No
Has anyone in your household been registered as a sex offender program in any state? <i>If yes, where?</i>	Yes	No

## Landlord Reference Release Form

**APPLICANT:** LANDLORD references must be provided to be considered for an application.

List **name** and **address** of your current landlord and **PREVIOUS** landlord. **(DO NOT LIST RELATIVES)**

Current Address of Applicant:		
Street		
City	State	Zip

Current Landlord: (Do not list relatives)	Phone Numbers: (required)	
Landlord Name		
Street		
City	State	Zip

Previous Address: Required.		
Street		
City	State	Zip
Length of Residency: from _____ to _____	Monthly Rent Amount: \$ _____	

Previous Landlord: Required. (Do not list relatives)	Phone Numbers: (required)	
Landlord Name		
Street		
City	State	Zip

Consent: I/we consent to allow the management to request and obtain information from my landlords for the purpose of verifying my eligibility for housing. I hereby authorize & instruct any entity or person contacted by the Management to release such information to them.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Landlord Reference Release Form**

**CO-APPLICANT:** If the Co-Applicant has been residing at a different address than the applicant, Landlord references must be provided to be considered for an application.

List **name** and **address** of your current landlord and **PREVIOUS** landlord. **(DO NOT LIST RELATIVES)**

<b>Current Address of Co-Applicant:</b>		
_____		
Street		
_____		
City	State	Zip

<b>Current Landlord: (Do not list relatives)</b>	<b>Phone Numbers: (required)</b>
_____	
Landlord Name	
_____	
Street	
_____	
City	State Zip

<b>Previous Address: Required.</b>	
_____	
Street	
_____	
City	State Zip
Length of Residency: from _____ to _____	Monthly Rent Amount: \$ _____

<b>Previous Landlord: Required. (Do not list relatives)</b>	<b>Phone Numbers: (required)</b>
_____	
Landlord Name	
_____	
Street	
_____	
City	State Zip

Consent: I/we consent to allow the management to request and obtain information from my landlords for the purpose of verifying my eligibility for housing. I hereby authorize & instruct any entity or person contacted by the Management to release such information to them.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# CERTIFICATION

I/We certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We understand that we must pay a security deposit for this apartment (and pet deposit, if applicable) and sign a one year lease prior to occupancy.

**PERMISSION FOR BACKGROUND CHECK** I/We hereby give permission to management to review and evaluate my application, to verify my income with any employer and any other sources of information given for the purposes of proving eligibility for occupancy and certification of housing assistance.

**Please check one:**

- I/We hereby authorize the management to obtain information about me and my household members, including, but not limited to, this application, my credit, my tenant history, my credit history, any court records and/or my criminal record. I/We release all parties from all liability for any damage that may result from their furnishing information.
- I/We hereby DO NOT authorize the management to obtain information about me and my household members, including, but not limited to, this application, my credit, my tenant history, my credit history, any court records and/or my criminal record.

I/We understand that my occupancy is contingent on meeting management's resident selection criteria and government requirements. If accepted I/We certify that this apartment will be our sole residence.

**CRIMINAL CONVICTIONS:** This housing provider only considers convictions or pending arrests for offenses that involve physical danger or violence to person or property. Individualized assessments will be conducted for those having criminal histories, except in the case of a lifetime registration the state sex offender registry or conviction of producing methamphetamine. In the case of a rejection due to criminal history, applicants have the right to review, contest, and explain the information contained in their background check and the right to present evidence of rehabilitation.

**VAWA PROTECTIONS FOR VICTIMS OF DOMESTIC VIOLENCE:** This property provides special provisions for applicants or tenants who qualify for protections under the Violence Against Women and Justice Department Reauthorization Act, which protects qualified tenants and affiliated individuals who are survivors of domestic violence, dating violence, sexual assault, rape, or stalking from being denied housing, evicted or terminated from housing assistance based on acts of such violence against them. If you have been a victim of domestic violence, you or a family member on your behalf must complete and submit a certification form, or alternate documentation to afford these protections.

Signature upon this application is not binding by either party to a rental agreement, nor does it guarantee an apartment. All household members 18 year of age or older must sign.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date

Name, address and phone number of person assisting with this application:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person assisting with application Date

***Please complete the INFORMATION FOR GOVERNMENT MONITORING PURPOSES on the next page.***

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The following information is requested by the Federal Government in order to monitoring compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Applicant	Co-Applicant
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race</b> (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<b>Race</b> (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

### SENIOR CITIZEN LEASE TERMINATIONS

#### NYS Real Property Law 227-a:

Tenants and their spouses who are sixty-two years or older, or who will attain such age during the term of their lease are entitled to terminate their lease if they relocate to an adult care facility, a residential health care facility, a less expensive subsidized low-income housing or other senior/disabled/handicap housing.

When such tenants give notice of their opportunity to move into one of the above facilities, the landlord must release the tenant from liability to pay rent for the balance of the lease and adjust any payments made in advance.

A senior person(s) who wishes to avail themselves of this option must do so by written notice to the landlord. The termination date must be effective no earlier than thirty days after the date on which the next rental payment (after the notice is delivered) is due. The notice is deemed delivered five days after mailing. The written notice must include documentation of admission or pending admission to one of the above mentioned facilities. For example, if a senior person notifies the landlord on April 5<sup>th</sup> of his or her intention to terminate the lease; the notice is deemed delivered on April 10<sup>th</sup>. Since the next rental payment (After April 10<sup>th</sup>) is due May 1<sup>st</sup>, the earliest lease termination date will be effective June 1<sup>st</sup>.

Anyone who interferes with the tenant's or his or her spouse's removal of personal effects, clothing, furniture or other personal property from the premises will be guilty of a misdemeanor.

As a courtesy to our residents, the management will extend the intent of the above referenced law to include people who are disabled and need to move to an adult care facility or nursing home.

## **WESTVIEW HILLS APARTMENTS**

### **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 Westview Hills Apts is in compliance 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 Westview Hills Apts, 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 Westview Hills Apts, 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 Westview Hills Apts 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**

Management 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 Management chooses to remove the abuser or perpetrator, Management 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, Management 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, Management must follow Federal, State, and local eviction procedures. In order to divide a lease, Management 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, Management 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, Management 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

<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.

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.

Management 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.

Management's emergency transfer plan provides further information on emergency transfers, and Management 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**

Management 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 Management must be in writing, and Management 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. Management 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 Management as documentation. It is your choice which of the following to submit if management 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 Management 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 Management has agreed to accept.

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

If Management 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), Management 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, Management does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Management 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.

Management must not allow any individual administering assistance or other services on behalf of (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.

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

- You give written permission to Management to release the information on a time limited basis.
- Management 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 the Management to release the information.

VAWA does not limit Management'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, Management 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 Management 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 Management can demonstrate the above, Management 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.

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>. Additionally, Management must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact the Site Manager.

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). New York State Domestic Violence 24 Hour Hotline (English & español/Multi-language accessibility): 1-800-942-6906 or 711 for Deaf or Hard of Hearing.

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 domestic violence, sexual assault, or stalking you may contact

Livingston County: Chances and Changes Domestic Violence Program at 585-658-2660 or 1-888-252- 9360, 24 hours a day/7 days a week.

Genesee County: YWCA of Genesee Domestic Violence Crisis and Prevention Services Hotline 585-343- 7513 (24/7) or Toll free 844-345-4400

Chemung County: First Step Victim Services Program for Chemung & Schuyler Counties 607-742-9629 or **Salvation Army of Elmira – Safehouse** (607) 732-1979

Wyoming County: RESTORE Domestic Violence Project and RESTORE Sexual Assault Services: 800-527- 1757 (585) 786-5450

**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):

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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.