

# Hemlock Ridge Apartments



20 Valley View Lane, P.O. Box 337, Livingston Manor, NY 12758  
Phone (845) 439-5420 • Fax (845) 439-4268 • TTY 800-662-1220

## Smoke Free Property

Dear Applicant,

We thank you for your interest in our Community. We are happy to announce that **Hemlock Ridge is a SMOKE FREE property.**

Hemlock Ridge is a LIHTC subsidized housing complex that consists of 60 residential apartments with 30 designated as Project Based Section 8, administered by PathStone of Monticello, NY. All applicants must be income eligible and at least 18 years of age.

We offer 1, 2- and 3-bedroom apartments with 24 hour on-site maintenance. All apartments are equipped with central air, modern appliances (stove and dishwasher) and carpeting in the bedroom(s). Additionally, there is a clubhouse for the residents equipped with TV, computers, and a laundry room with a child play area. Heat and hot water are included with the rent and the tenant is responsible for electric lights and cooking.

Please note that our 2- and 3-bedroom units have the bedrooms upstairs. We have a total of 3 Mobility Impaired Accessible Units; 1 for each apartment size (1 BR, 2 BR, 3 BR) that are ground floor units for those who require.

All applicants must meet our income guidelines unless they hold a voucher and receive a subsidy from PathStone. The income limits are as follows:

	<u>Tax Credit</u> <u>Maximum</u>	<u>Tax Credit</u> <u>Minimum</u>	<u>Rents</u>
1 person	\$31,740	\$26,450	1BR range: \$672 - \$714
2 person	\$36,240	\$30,200	
3 person	\$40,800	\$34,000	2BR range: \$800 - \$851
4 person	\$45,300	\$37,750	
5 person	\$48,960	\$40,800	3BR range: \$918 - \$976
6 person	\$52,560	\$43,800	

Effective 4/1/2020

**If you do not meet the minimum income guideline you must apply to PathStone.** PathStone applications are available at the Hemlock Ridge office or PathStone in Monticello. PathStone can be reached at (845)794-4880.

The current waitlist for apartments is approximately 6 months to 1 year, depending on apartment size, but your wait may be longer or shorter depending on unit turnover. Occupancy is based on 2 persons per bedroom. Dogs/cats permitted. Dogs must be less than 30 pounds, licensed and vaccinated (including cats).

Attached are the application along with the HUD-92006 (alternative contact form), criminal, drug and sex offender disclosure and notice of occupancy rights under VAWA. Kindly complete the application in its entirety; do not leave any line item blank. **To be considered, all forms must be completed, all adults 18 years of age and older must sign, date and initial where indicated, and returned by mail, email, and fax or in person at the address on the application.** Please do not include any personal documentation regarding identity or income. This will be collected when you reach the top of the wait list and are contacted by us. We look forward to hearing from you.

If you feel you qualify or you have any questions, please give us a call at (845) 439-5420 or email us at [btirpak@wilderbalter.com](mailto:btirpak@wilderbalter.com).

Regards,

*Bernadette*

Bernadette Tirpak  
Property Manager



Equal Housing Opportunity

**HEMLOCK RIDGE APPLICATION**  
**20 Valley View Lane - Livingston Manor, NY 12758**  
**845-439-5420 • Fax: 845-439-4268 • TTY 800-662-1220**

Application Rec'd: \_\_\_\_\_

Application # \_\_\_\_\_

1. Mail only one (1) application per household. If your name appears on more than one application you will be disqualified and the application will not be considered. **Hemlock Ridge is a smoke free property.**
2. Are you a Section 8 Voucher holder?     Yes     No
3. Do you require a downstairs apartment?     Yes     No
4. Applications **must** be completed in full and signed and initialed in all requested places.

**Check whether you are interested in     One Bdrm     Two Bdrm     Three Bdrm**

This information is to be filled out by the APPLICANT

**1. APPLICANT INFORMATION:**

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

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Email: \_\_\_\_\_

**2. CO-APPLICANT INFORMATION:**

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

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Email: \_\_\_\_\_



Equal Housing Opportunity

3. **LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:**

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SEX	ATTENDING SCHOOL
a. _____	<u>H.O.H</u>	_____	_____	_____
Social Security #: _____		Occupation: _____		
b. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
c. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
d. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
e. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
f. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		

Do you expect any change (s) in your family size? \_\_\_\_\_ NO \_\_\_\_\_ YES

If **YES**, EXPLAIN: \_\_\_\_\_

4. **RENT:**

**What is your Current Monthly Rent \$** \_\_\_\_\_

Check Utilities paid by you now:

- Heat \$ \_\_\_\_\_ per month
- Electricity \$ \_\_\_\_\_ per month
- Gas \$ \_\_\_\_\_ per month
- Water \$ \_\_\_\_\_ per month
- Other \$ \_\_\_\_\_ per month

**List all Landlord information for the past 3 years**

Current Landlord name and phone number: \_\_\_\_\_  
 Previous Landlord name and phone number: \_\_\_\_\_  
 Previous Landlord name and phone number: \_\_\_\_\_



5. **INCOME:**

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

HOUSEHOLD MEMBER	EMPLOYER'S NAME/ADDRESS	GROSS EARNINGS (Pre-Tax)	
		CURRENT	ANTICIPATED (raises)
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	

6. **OTHER SOURCE OF INCOME:**

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, child support, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)



Equal Housing Opportunity

7. **HOUSEHOLD ASSETS:**

**Checking Accounts:**

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

**Savings Accounts:** *(includes Government Issued Debit Cards, Passbook & Christmas/Vacation Clubs)*

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

**Certificates of Deposit (CD's):**

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

**Credit Union Shares:**

Credit Union Name: \_\_\_\_\_ Amt.: \_\_\_\_\_

Address \_\_\_\_\_

Stocks/Bonds (value): \$ \_\_\_\_\_ Savings Bonds (value): \_\_\_\_\_

Other Amt.: *(includes IRA's, mutual funds, etc.)* \$ \_\_\_\_\_

Does the applicant or co-applicant **NOW** own a home or real estate: \_\_\_\_\_ NO \_\_\_\_\_ YES

If "yes", what is the value: \_\_\_\_\_

Has the applicant or co-applicant **EVER** owned a home or real estate? \_\_\_\_\_ NO \_\_\_\_\_ YES

If "yes", when? \_\_\_\_\_

8. Have you served in the armed forces of the United States for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable? \_\_\_\_\_ Yes \_\_\_\_\_ No



**9. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?**

- Friend
- Hemlock Ridge Resident – Name: \_\_\_\_\_
- Employer
- Sign Posted on Building
- Website/ Internet \_\_\_\_\_ (list site)
- Newspaper (Identity): \_\_\_\_\_ On-line Version? \_\_\_\_\_
- Church/ Synagogue (Identify): \_\_\_\_\_
- Community Organization (Identify): \_\_\_\_\_
- Other (Identify): \_\_\_\_\_

**CONSUMER CREDIT INFORMATION**

I/We hereby authorize Hemlock Ridge Apartments to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate references, or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the counseling agencies listed above, to the owner, and to agencies that made or will make funding available in connection with this property listed above in support of this application. I have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

**I/We further acknowledge that Hemlock Ridge is a smoke free property and I/We agree to these terms.**

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Criminal, Drug and Sex Offender Information

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the question below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. Hemlock ridge Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes  No
2. Do you currently use illegal drugs or abuse alcohol? Yes  No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes  No
4. Have you been convicted of any drug-related crime within the past five years? Yes  No
5. Have you been convicted of a felony within the past five years? Yes  No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes  No
7. Have you been convicted of any crime involving violence within the past five years? Yes  No
8. Are you currently charged with any of the above criminal activities? Yes  No
9. Please list all states in which you have lived or have held a license to drive (include driver's license number): \_\_\_\_\_
10. Have you ever been known by any other name? Yes  No

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Hemlock Ridge Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Hemlock Ridge Apartments, to a public housing Authority, or to an agency contracted by Hemlock Ridge Apartments to conduct criminal background checks.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

Applicant Initials \_\_\_\_\_

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/Resident Name:</b>	
<b>Physical Address:</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: (Check all that apply)</b>	
<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.

--	--

**Signature of Applicant/Resident**

**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 Notification Letter

Dear Applicant:

On February 3, 2017, U.S. Housing and Urban Development (HUD) announced that all public housing developments in the U.S. will be required to provide a smoke-free environment for their residents. Each Public Housing Authority (PHA) must implement a "smoke-free" policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy must also extend to all outdoor areas up to 25 feet from the public housing and administrative office buildings. This rule improves indoor air quality in the housing; benefits the health of public housing residents, visitors, and PHA staff; reduces the risk of catastrophic fires; and lowers overall maintenance costs.

**As of December 1, 2017, Hemlock Ridge became smoke-free.** This means smoking will not be permitted anywhere on property grounds, including but not limited to, individual units, patios/balconies, walkways, lawn areas, common areas, parking lots, etc.

- "Smoking" means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, electronic nicotine delivery system" or "vaporized nicotine product" (electronic cigarette), pipe, hookah, or any form of lighted object or device that contains tobacco and/or marijuana, including but not limited to medical marijuana.
- This policy includes tenants as well as guests, maintenance personnel, staff, and vendors. Existing smokers who reside in this building will not be "grandfathered," and are not allowed to continue smoking in their units following the effective date of this policy.
- This policy was passed to protect the health of our residents, staff, and guests. Secondhand smoke is a Class A carcinogen, which means it is a cancer causing agent with no risk-free level of exposure. Secondhand smoke can travel through doorways, windows, wall joints, plumbing spaces, and even light fixtures, so secondhand smoke from one unit can adversely affect the health of residents in other units. In addition, fires caused by smoking-related materials are the number one cause of home fire deaths.
- If you or your family members are interested in more information on smoke-free living, please visit the following web-site: [www.smokefreehousingny.org](http://www.smokefreehousingny.org). The web-site will also link you to a number of resources that can help if you are thinking about quitting smoking.

Please feel free to contact me if you have any questions. We will be happy to assist you in any way possible to work toward a smooth transition.

Regards,

*B. Tirpak*

Bernadette Tirpak  
Property Manager

**I understand and agree to abide by the policies contained in this letter.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



ANDREW M. CUOMO  
Governor

## Homes and Community Renewal

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:
  - Your FICO credit score is 580 or above (or 500 if you are homeless),
  - You have limited or nonexistent credit history,
  - Rent subsidies pay your entire rent,
  - 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
  - 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:
  - Medical debt or student loan debt.
  - Bankruptcies that occurred over 1 year ago.
  - Unpaid debt that is less than \$5,000.
  - A past eviction or housing court history.
  - 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:
  - 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.
  - 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>

June 2016

## **Know Your Rights**

### **NEW Anti-Discrimination Guidance Affecting People with Criminal Histories**



**If you are applying for state-funded housing and have a criminal record, you now have rights and protections. Read below to make sure you are not denied housing unjustly.**

There are only **two** mandatory reasons that you can be denied access to state-funded housing:

1. Conviction for methamphetamine production
2. Being a lifetime registrant on a state or federal Sex Offender database

If you have any other type of conviction, **you are eligible to be considered for housing.**

Housing operators will first look at whether your criminal conviction involved physical violence to persons or property, or affected the health, safety and welfare of others. If it did not, they should not consider your conviction in assessing your housing application. If it did, you must be provided with an opportunity to answer the following questions:

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)?

The housing operator must evaluate your answers in determining your eligibility for housing. 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 access to housing, you may contact the Fair and Equitable Housing Office at [feho@nyshcr.org](mailto:feho@nyshcr.org) to obtain assistance.



## **Know Your Rights**

### **NEW Anti-Discrimination Guidance Affecting People with Criminal Histories**

**Low income Housing Tax Credit and Section 8**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>2</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> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Hemlock Ridge Low Income Housing Tax Credit and Section 8 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 Low Income Housing Tax Credit and Section 8, 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 Low Income Housing Tax Credit and Section 8, 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 Low Income Housing Tax Credit and Section 8 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.

---

<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.

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

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

### **Moving to Another Unit**

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

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

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

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

**OR**

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

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

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

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

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not

count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

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

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

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

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

### **Confidentiality**

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

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

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

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

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

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

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

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

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

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

### **Other Laws**

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

### **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 HUD Field Office, Director of Multi Family Housing, 26 Federal Plaza New York, NY 10278.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.hud.gov/sites/documents/5720-F-03VAWAFinRule.pdf>.

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 Hemlock Ridge Management Office at (845) 439-5420.

**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 [NYSCASA](#) |**

**Sullivan County Crisis Centers, PO Box 800. Harris, NY 12742 845-794-3300 Office 845-791-7217 Fax 845-791-9595 Hotline rise@crmcny.org.**

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 NYSCASA | Sullivan County Crisis Centers, PO Box 800. Harris, NY 12742 845-794-3300 Office 845-791-7217 Fax 845-791-9595 Hotline rise@crmcny.org.**

**Victims of stalking seeking help may contact NYSCASA | Sullivan County Crisis Centers, PO Box 800. Harris, NY 12742 845-794-3300 Office 845-791-7217 Fax 845-791-9595 Hotline rise@crmcny.org.**

Attachment: Certification form HUD-5380



**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.