

# AUBURN HOUSING AUTHORITY RENTAL APPLICATION

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

Time received: \_\_\_\_\_ Initial: \_\_\_\_\_

This rental application covers ALL properties owned and/or managed by Auburn Housing Authority, including Melone Village I, Melone Village II, Melone Village III, and Brogan Manor. We will add you to the waiting list for ALL properties for which you are eligible.

Have you or anyone who will be living with you ever lived at or applied for housing at Melone Village or Brogan Manor, or ever received or applied for Section 8 Housing Choice Voucher Assistance through the Auburn Housing Authority?

Circle One. YES NO If YES, Date \_\_\_\_\_

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Maiden Names in Household \_\_\_\_\_ Caseworker Name & Agency \_\_\_\_\_

Current Address (Include City, State, Zip) \_\_\_\_\_

When did you start living at your current address? \_\_\_\_\_ Email Address \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

## PROPERTY OWNER INFORMATION AT APPLICANT'S CURRENT ADDRESS

First & Last Name \_\_\_\_\_

Address (Include City, State, Zip) \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  Friend/Relative  Agency (Name: \_\_\_\_\_)  Newspaper  Flyer  Website

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Marital Status S – Single M – Married D – Divorced L - Legally Separated E – Estranged	Social Security Number	Birthdate Month, Date, Year	Disabl ed Yes/No	Stude nt Yes/ No
	Head of Household						

COMPLETE THE FOLLOWING INFORMATION FOR THOSE WHO WILL OCCUPY THE UNIT AT TIME OF MOVE-IN



**PLEASE ANSWER YES OR NO TO EACH QUESTION**

**YES**    **NO**

       **1. Do you expect any additions to the household within the next twelve months?**  
Name, Relationship & Explanation \_\_\_\_\_

**YES**    **NO**

       **2. Due to a disability, do you require a unit with special features? (please circle appropriate answer)**  
Wheelchair Accessible Unit    Unit for Vision-Impaired    Unit for Hearing-Impaired    One-Level Unit    Extra Bedroom

       **3. Do you or anyone in your family require a live-in care attendant?**  
Name of Live -in Care Attendant: \_\_\_\_\_

       **4. Are you currently living in housing that is condemned by your local municipality?  
This information must be able to be documented by the municipality.**  
Name of Municipality \_\_\_\_\_

       **5. Will your household be receiving Section 8 rental assistance at the time of move-in?**  
Name of Agency \_\_\_\_\_

       **6. Do you have full custody of all children listed on this application?**  
If no, explanation of custody arrangements: \_\_\_\_\_

       **7. Have you or anyone else named on this application been CHARGED with a misdemeanor or felony within the past 10 years? NOTE: CHARGES include charges that did not result in a conviction or that were dismissed.**  
Explain Charges \_\_\_\_\_

       **8. Have you or anyone else named on this application been convicted of selling or manufacturing illegal drugs within the past 10 years?**  
Explanation \_\_\_\_\_

       **9. Have you been evicted from a rental unit of any type including an apartment, house, mobile home or trailer within the past 5 years?**  
Explanation \_\_\_\_\_

       **10. Have you or a household member ever been convicted of a sex related crime or are you subject to a lifetime registration in a State sex offender registration program?**  
Explanation \_\_\_\_\_

**EMERGENCY CONTACT**

**Name/Address** (If possible list someone in this area that is not listed already on the application)

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_



**HOUSING REFERENCES (PREVIOUS LANDLORDS ONLY – FAMILY MEMBERS/FRIENDS DO NOT COUNT)**

List the past SEVEN years of housing references. (If additional space is required, please attach an additional sheet)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	_____	_____		_____
	Phone: (    ) _____			
2.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	_____	_____		_____
	Phone: (    ) _____			
3.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	_____	_____		_____
	Phone: (    ) _____			
4.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	_____	_____		_____
	Phone: (    ) _____			
5.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	_____	_____		_____
	Phone: (    ) _____			
6.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	_____	_____		_____
	Phone: (    ) _____			



**INCOME INFORMATION**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

			Household Member	Source	Monthly Amount
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Pension/Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

**YES**   **NO**

 

**Do you or any other household members expect any changes to your income in the next 12 months?**

Explanation \_\_\_\_\_

 

**Are YOU or is ANY OTHER ADULT (aged 18+) member of your household claiming zero income?**

Household Member(s) \_\_\_\_\_



**ASSET INFORMATION**

Disclose all assets held. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset in the space provided.

**Do YOU or ANYONE in your household hold:** (Include ALL assets held by ALL household members including minors.)

			Amount
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Cash On Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

			Amount
Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Asset Disposed of in past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

**STUDENT INFORMATION**

YES    NO  
   

1. Is **EVERYONE** in your household (INCLUDING ALL ADULTS AND MINORS) currently a full or part-time student, or planning to be one within the next 12 months?

If the answer is YES ABOVE, please list name, check status, and indicate the name of the school:

Name: \_\_\_\_\_ Status: FT/PT School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Status: FT/PT School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Status: FT/PT School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Status: FT/PT School: \_\_\_\_\_

If the answer is YES ABOVE, continue with the following questions:

YES    NO  
   

- a. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?
- b. Are you married and currently filing a joint tax return?
- c. Are you receiving AFDC (Aid to Families with Dependent Children)?
- d. Were you formerly in a foster care program?
- e. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or State program?

Contact Name:

Phone:



**VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle.

Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

All questions that were answered YES will be verified through the appropriate third-party sources. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, age, sexual orientation, disability or marital status.

**Information for Government Monitoring Purposes**

The following information is requested by the Federal Government in order to monitor compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. Auburn Housing Authority may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, Auburn Housing Authority is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial here: \_\_\_\_\_.

**Applicant Head of Household**

Race/National origin:

- American Indian/ Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) \_\_\_\_\_

Gender:  Male       Female

**Spouse/Co-Applicant:**

Race/National origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) \_\_\_\_\_

Gender:  Male       Female



**Signature Clauses:**

I understand that Auburn Housing Authority is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit, HOME, the Project-Based Voucher Program, Federal Public Housing, and/or State Public Housing Programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand 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.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I authorize the Auburn Housing Authority and/or its designee to obtain a credit bureau report and criminal report. I authorize and direct my Federal, State, or local agency, organization, business, landlord, employer, or individual to release to Auburn Housing Authority any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance. I give my consent for the releases also for the minor children in my care. I understand that my eligibility and/or occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program, HOME, the Project-Based Voucher Program, Federal Public Housing, and/or State Public Housing requirements.

**All ADULT household members must sign below:**

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

**Authorization**

I/We \_\_\_\_\_  
(All household members 18 and older)

do hereby authorize the Auburn Housing Authority or its authorized representatives/designees to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our certification for housing in this project owned or managed by the Auburn Housing Authority. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program. I agree that a photocopy of this authorization may be used for the purposes stated above.

I/We understand that this authorization will be good for one year.

_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date



**AUBURN HOUSING AUTHORITY NON-SMOKING APPLICATION ADDENDUM**

In order to protect the health of our residents and employees, smoking is not permitted inside of the units at any apartment complex owned or managed by Auburn Housing Authority. That means that there is no smoking in any building on the grounds of Brogan Manor, Melone Village, or Olympia Terrace. This applies to everyone, including tenants, guests, employees, vendors, and contractors. Smoking will be permitted outdoors only.

Does anyone in your household smoke?         Yes                     No

Does your household understand our smoking policy and agree to adhere to it should your application be approved and your household be accepted for residency?

Yes                     No

If no, please understand that you cannot be accepted for occupancy since you are not willing to abide by the terms and conditions of the Lease Agreement.

I understand the smoking policy and agree to abide by it if my application is approved.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Over 18 Years of Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Over 18 Years of Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Over 18 Years of Age

\_\_\_\_\_  
Date





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing.

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<p><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.</p>	
<p><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.</p>	
<p><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.</p>	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD-92006 (05/09)





**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its Implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:

Signature

Date

Printed Name



## **VIOLENCE AGAINST WOMEN ACT**

Applicable to Federal and State Public Housing, Section 8 Housing Choice Voucher Program,  
Low Income Housing Tax Credit (LIHTC) and HOME Programs

### **APPLICANT INFORMATION**

The Violence Against Women Act (VAWA) prohibits public housing agencies (PHAs) from denying admission to otherwise qualified applicants (male or female) **simply because they are or have been victims of domestic violence, dating violence, sexual assault or stalking. When an applicant is determined to be unsuitable due to lack of rental history, bad credit, poor landlord references, falsification of application or a history of evictions or crime, or failure to meet eligibility requirements for particular housing programs, the PHA can deny admission.**

The PHA may request that an applicant certify that they are victim of domestic violence, dating violence, sexual assault or stalking, and that the actual or threatened abuse meets the requirements set forth in VAWA. Certifications may take the following forms:

1. The PHA must accept the HUD certification form (HUD-50066), which will be made available by the PHA if requested, as a complete request for relief without insisting on additional documentation. This form must be returned to the PHA. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections.

2. The PHA must accept third-party documentation in lieu of the HUD certification form (HUD-50066). Third-party verification must be returned to the PHA. If the Victim does not provide third-party verification by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections. Third party documentation may include:

- a. Documentation signed by an employee, agent, or volunteer of a domestic violence service provider, an attorney, a medical professional, an administrative agency, or a mental health professional from who the victim has sought assistance and who attests under penalty of perjury that incidents in question are bona fide incidents of abuse.
- b. Federal, state, tribal, territorial, or police or court records.

Please note that the victim is required to provide the name of the perpetrator **ONLY** if the name is safe to provide and is known to the victim. If a PHA receives conflicting certifications in which family members accuse each other, the PHA may determine the true victim by requiring third-party documentation. Information provided to the PHA shall be retained in confidence, shall not be entered into a shared database, and shall not be provided to any related entity unless the individual consents or requests, the information is required for use in eviction proceedings, or the release of such information is otherwise required by law.

To qualify for Federal or State Public Housing, LIHTC, HOME or Housing Choice Voucher assistance all applicants, including victims of domestic violence, dating violence, sexual assault or stalking must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- pass a criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

## PARTICIPANT INFORMATION

The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence, sexual assault or stalking based solely on such an incident or threat. VAWA states that an incident or incidents of actual, threatened, or imminent domestic violence, dating violence, sexual assault, or stalking will not be construed as a serious or repeated violation of the lease by the victim and will not be good cause for terminating the tenancy or occupancy rights of the victim.

The PHA, an owner or landlord may deny, remove or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate housing program assistance for other criminal activity or good cause.

If a Section 8 Housing Choice Voucher participant moves out of an assisted unit in violation of the lease in order to protect the health and safety of a victim of domestic violence, dating violence, sexual assault or stalking, the Housing Authority must, upon request, grant portability to the participant if the participant is otherwise compliant with all program obligations.

The PHA may request that an applicant certify that they are victim of domestic violence, dating violence, sexual assault or stalking, and that the actual or threatened abuse meets the requirements set forth in VAWA. Certifications may take the following forms:

1. The PHA must accept the HUD certification form (HUD-50066), which will be made available by the PHA upon request, as a complete request for relief, without insisting on additional documentation. This form must be returned to the PHA. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections.

2. The PHA must accept third-party documentation in lieu of the HUD certification form (HUD-50066). Third-party verification must be returned to the person and address specified in the written request for the verification. If the Victim does not provide third-party verification by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections. Third party documentation may include:

- a. Documentation signed by an employee, agent, or volunteer of a domestic violence service provider, an attorney, a medical professional, an administrative agency, or a mental health professional from who the victim has sought assistance and who attests under penalty of perjury that incidents in question are bona fide incidents of abuse.
- b. Federal, state, tribal, territorial, or police or court records.

Please note that the victim is required to provide the name of the perpetrator ONLY if the name is safe to provide and is known to the victim. If a PHA receives conflicting certifications in which family members accuse each other, the PHA may determine the true victim by requiring third-party documentation. Information provided to the PHA shall be retained in confidence, shall not be entered into a shared database, and shall not be provided to any related entity unless the individual consents or requests, the information is required for use in eviction proceedings, or the release of such information is otherwise required by law.

**Save your completed application and email to [aha@auburnha.org](mailto:aha@auburnha.org).**



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>



## Homes and Community Renewal

ANDREW M. CUOMO  
Governor

RUTHANNE VISNAUSKAS  
Commissioner/CEO

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

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

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

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

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

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

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

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

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

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

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

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

## **NOTICE 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 (315) 253-6249 or by e-mailing [aha@auburnha.org](mailto:aha@auburnha.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.

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); 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.

\* 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 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.

\* 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.