

# MT. MORRIS COUNTRY ESTATES

12 Columbus Avenue  
Mt. Morris, New York 14510  
Office: (585) 658-9450  
Fax: (585) 658-9009  
TTY: 1-800-662-1220

Dear Applicant:

Thank you for your interest in Mt. Morris Country Estates! In response to your inquiry, please find enclosed an application for housing, program information sheet, tenant selection procedures and notice of occupancy rights under the Violence Against Women Act and Certification Form HUD-5382.

Mt. Morris Country Estates is a rental community for seniors 62 years of age and older or disabled of any age. The property consists of one-bedroom apartments located in Mt. Morris. All apartments have appliances, and the building has an elevator and intercom access. Heat and hot water are included in the rent. Residents of our community have access to an on-site laundry facility and community room.

Eligibility for housing at Mt. Morris Country Estates is determined by income, references, and a criminal background check. You have the right to review and contest the results of a background check.

If you or anyone in your household is a person with disabilities, and you require specific accommodation to fully utilize our facility, please submit your request in writing and attach to your completed application.

This property is smoke-free. The use of any products or substances involving the ignition and burning of the product or substance within all interior areas of buildings, as well as outdoor areas within 50 feet of all buildings of the property, is strictly prohibited.

For your application to be accepted, all sections must be fully completed and all household members older than 18 years of age must sign the application. You may return the application by mail or in person to the address above.

Please note that it is the applicant's responsibility to inform us in writing of any change of address, phone number, household composition, or income. If we are unable to contact you regarding your application, it will be removed from the waiting list.



**PROGRAM INFORMATION SHEET**

**Mt. Morris Country Estates  
Mt. Morris, New York 14510**

Welcome to Mt. Morris Country Estates, professionally managed by Providence Housing Development Corporation. Our community is operated under the Low-Income Housing Tax Credit Program (LIHTC), within Section 42 of the Internal Revenue Code, Housing Trust Fund (HTF) Program, HOME Program and USDA Rural Development. These programs are designated to facilitate the housing needs of moderate to low-income households. Please review the enclosed documentation regarding qualifications and application.

Residency in all the apartments is limited to senior households (the head of household must be age 62 or older or be disabled of any age) having moderate to low incomes. In addition to standard wages, income includes monies received from many sources such as alimony, pensions, social security, etc. Listed below are the current (2026) maximum allowable incomes, by household size. The income limits are updated and published annually by the U.S. Department of HUD.

**50% HOME Limits (Gross Income cannot exceed)**

<b>1 person</b>	<b>2 person</b>
\$37,450	\$42,800

<b>Unit Size</b>	<b>Occupancy</b>	<b># of Units</b>	<b>Rent</b>
1 bedroom	Min. 1/Max. 2	24	30% of adjusted gross income

- Tenant is responsible for payment of electric, cable and internet bills for their apartment.
- All information on income and assets provided by applicants must be verified prior to occupancy. This qualification and certification process must also be completed annually upon renewal.
- Security deposit is equal to one month’s contract rent.
- Assistive animals for persons with a disability are accepted.
- Pets are allowed, 1 dog or cat under 25 lbs., per apartment.
- This is a non-smoking community. Smoking is not allowed in any apartment or common areas or within 50 feet of the buildings.

## **MT. MORRIS COUNTRY ESTATES TENANT SELECTION PROCEDURES**

1. Selection Process: Applicants will be selected from the waitlist in the order they are received.
2. Applications will be available by mail by calling (585) 658-9450 or may be picked up at the following locations:

Providence Housing Development Corporation  
1150 Buffalo Road,  
Rochester, New York 14624

Mt. Morris Country Estates  
12 Columbus Ave  
Mt. Morris, New York 14510

3. Tenant eligibility will be determined through proof of age, income certification, criminal record checks, landlord references and additional requirements as required by the designated project or funders. When filling a vacancy in a specially designated "handicap" unit or "hearing/visually impaired" unit, preference will be given to applicants who require the use of the special design features of that unit. You have the right to review and contest the results of a background check.
4. Two (2) units are fully accessible for persons who have mobility impairment. All units are adaptable.
5. All applicants will be rejected from consideration if they have evidence of major lease violations from current landlord, the applicant was convicted for producing methamphetamine in the home or the applicant is a lifetime registrant on the Sex Offender Registry, the household income exceeds the applicable income limit or if the household will be paying less than 30% or more than 48% of household's income for housing costs (basic rent plus allowance for tenant paid utilities). An applicant may be ineligible because family composition does not meet the occupancy guidelines established.

Applicants with a criminal record for offenses that involved physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people will not automatically be denied. Management will complete an individualized assessment according to NYS Homes and Community Renewal guidelines. The assessment will allow for applicants to review, contest and explain the information contained in the criminal record check and to present evidence of rehabilitation. Applicants with a criminal record will be provided with the Know Your Rights materials at the time more information is requested and in the event of a rejection.

If an applicant is found to be ineligible, the Property Manager will promptly notify the applicant in writing and offer the opportunity to request a meeting with management to discuss such notice. The meeting to review the applicant's response will be conducted by the Property Manager or his/her representative. Any reply and final response will be kept in the application file.

## **Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act (“VAWA”)?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact the Property Manager. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

### **What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, contact the Property Manager. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

<b>Covered Housing Program(s)</b>	<b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state “under penalty of perjury” that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact your Property Manager. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting a HUD FEHO FIELD OFFICE at <https://hcr.ny.gov/feho>. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

#### **Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact your local Housing Council or Legal Aid Society.

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.

## CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act (“VAWA”), you may use this form to comply with a covered housing provider’s request for written documentation of your status as a “victim”. This form is accompanied by a “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380.

**VAWA protects individuals and families regardless of a victim’s age, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider’s written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, “What do I need to document that I am a victim?”. Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person’s access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact the Property Manager. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact your local Housing Council or Legal Aid Society.

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

1. Name(s) of victim(s): \_\_\_\_\_

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

3. Name(s) of other member(s) of the household: \_\_\_\_\_

\_\_\_\_\_

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

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

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

Safe to receive a voicemail:  Yes  No

E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email:  Yes  No

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

Safe to receive mail from your housing provider:  Yes  No

Other Please List: \_\_\_\_\_

6. Anything else your housing provider should know to safely communicate with you?

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

**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.

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

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

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

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

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

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

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

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

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

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

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

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

## 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 **(585) 658-9450** or e-mailing **MtMorrisApartments@dor.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.
- 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.

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The Notice must include contact information when 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.

## **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.



# Rural Housing and Community Programs

## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification.***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment,
- Required to repay all the extra rental assistance you received based on faulty information,
- Fined,
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must list all their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will live with you in the apartment, whether they are related to you or not.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says,
- Check it carefully to ensure that all the questions have been answered completely and accurately,
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State, or private agencies to verify that the income you reported is correct,
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

### **Avoid Fraud, Report Abuse**

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

### **If You Disagree with a Decision**

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### **Notice of Adverse Action**

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### **Grievance Process Overview**

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### **When a Grievance Is Legitimate**

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

<b>A complaint may not be filed with the owner/management if:</b>	<b>A complaint may be filed with the owner/management if:</b>
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998

December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



# Rental Application



**Mt. Morris Country Estates**  
 12 Columbus Avenue  
 Mt. Morris, New York 14510  
**Phone:** (585) 658-9450 **Fax:** (585) 658-9009  
 TTY (800) 662-1220

**For Office Use Only:**  
 Preference Eligibility: \_\_\_\_\_  
 Unit size \_\_\_\_\_  
 HCV \_\_\_\_\_

ALL HOUSEHOLD MEMBERS MUST BE LISTED ON THE APPLICATION. PLEASE PRINT ALL INFORMATION.

APPLICANT CONTACT INFORMATION		
APPLICANT NAME		CURRENT STREET ADDRESS
HOME PHONE (    )		CITY, STATE, ZIP
MOBILE PHONE (    )	WORK PHONE (    )	CURRENT MONTHLY RENT
REASON FOR MOVING		EMAIL
HOW DID YOU HEAR ABOUT US?		
CURRENT LANDLORD NAME AND ADDRESS, CITY, STATE, ZIP CODE		

HOUSEHOLD INFORMATION
Please list all persons who will live in the apartment or join the household in the next 12 months, their relationship to the head of household, social security number, date of birth and full-time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the current calendar year. Include Grades K-12, College, University, Trade and Mechanical Schools.

HEAD OF HOUSEHOLD INFORMATION			
NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY/ITIN #
		<b>HEAD</b>	
ALL STATES LIVED:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

**FOR ADDITIONAL HOUSEHOLD MEMBERS:** Please complete each of the following sections for each individual household member.

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY/ITIN #
ALL STATES LIVED:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

## Additional Information

What size apartment are you applying for?	Check all that apply: <input type="checkbox"/> 1 Bedroom	
Would you benefit from special features of an accessible apartment? *	<input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you consider yourself or another adult household member to be frail elderly?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you or another adult household member a veteran? **	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you own a pet? If yes, list type and weight: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you own a service animal or emotional support animal? If yes, you will be required to request a reasonable accommodation.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has any household member been convicted of a felony in the past 5 years?***	If yes, date of conviction: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any household member been convicted for manufacturing methamphetamine in the home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is any household member subject to any state lifetime sex offender registration requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If applicable, do all the children in the household live with you 50% or more of the time?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will you or any adult household member require a live-in care attendant to live independently?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your reason for moving due to a domestic violence, dating violence, sexual assault, or stalking situation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does anyone in the household have a housing choice voucher or is receiving housing assistance from another source?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

\*If you or any member of your household is disabled and require an accommodation to fully use our property, please complete a reasonable accommodation request (forms can be obtained from the rental office). NYS Human Rights Law defines disability as (i) physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic technique, or; (ii) a record of such an impairment, or; (iii) a condition regarded by others as such an impairment.

\*\*Veterans or their spouse, which means those who have served in the armed forces of the United States: (i) 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, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii).

\*\*\*Applicants with a criminal record for offenses that involved physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people will not automatically be denied. Management will complete an individualized assessment according to NYS Homes and Community Renewal ([hcr.ny.gov](http://hcr.ny.gov)) guidelines. The assessment will allow for applicants to review, contest and explain the information contained in the criminal record check and to present evidence of rehabilitation. Applicants with a criminal record will be provided with the Know Your Rights materials at the time more information is requested and in the event of a rejection.

## Income & Assets

Include income and assets for **ALL** household members, including children's income and assets.

**LIST ALL INCOME SOURCES:** This includes, but is not limited to Full and or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, SSD, SSP, Armed Forces/Reserves, Unemployment, Disability, Child Care, Spousal Maintenance (Alimony), Child Support, Student Grants/Stipends, Rental Income, Gift Income, regular payouts from Annuities, 401Ks and IRAs.

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT

\* Attach pages as needed for additional sources of household member income.

**LIST ALL ASSETS:** This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), UTMA's, CD's, Brokerage accounts, Stocks, Bonds, Retirement Accounts like IRA, Roth, Keogh, 401K and 403B, Annuities, Whole Life Insurance Policies, Funded/Pre-paid Debit Cards, and on-line accounts (PayPal, DraftKings, etc.).

CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CD <input type="checkbox"/>	STOCK <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	DEBIT <input type="checkbox"/>	OTHER <input type="checkbox"/>	TOTAL VALUE OF ALL ASSETS:	
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MARKET VALUE:		IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:					

**LIST ALL MEDICAL/CHILD CARE/HANDICAP ASSISTANCE EXPENSES:** A deduction is allowed for households whose, head or co-head is elderly, (62 or older), handicapped or disabled (regardless of age).

Are you or anyone in your household seeking this deduction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, you must provide evidence in the form of a statement by a qualified individual. <b>The nature of a handicap or disability does not have to be disclosed.</b>												
<u>Medical Costs</u> Medicare Premiums _____ _____ _____ _____	<u>Monthly Amount</u> \$ _____ \$ _____	<u>Handicap Assistance Expenses</u> *Complete only if handicap expenses allow a member of the household to work or attend school.  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Type of Expense</u></th> <th style="text-align: left;"><u>Paid to Whom</u></th> <th style="text-align: left;"><u>Amount</u></th> <th style="text-align: left;"><u>How Often</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td>_____</td> </tr> </tbody> </table>	<u>Type of Expense</u>	<u>Paid to Whom</u>	<u>Amount</u>	<u>How Often</u>	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____
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_____	_____	\$ _____	_____											
_____	_____	\$ _____	_____											
<u>Medical Insurance Coverage</u> Insurer's Name: _____ Address: _____ _____ _____	<u>Monthly Amount</u> \$ _____ \$ _____	<u>Name and Address of all physicians you are seeing on a regular basis:</u> _____ _____ _____ _____												
<u>Anticipated Medical/Drug/Prescription Costs – "Not" Covered by insurance or Reimbursed.</u> _____ _____ _____ _____	<u>Monthly Amount</u> \$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____												
<u>Medical bills or outstanding costs "YOU" are making monthly payments for.</u> Payable to: _____	<u>Balance Due</u> \$ _____ <u>Monthly Payment</u> \$ _____	Type (please explain): _____ Type (please explain): _____ Type (please explain): _____												
<u>Any other medical expenses?</u> _____ _____	<u>Monthly Amount</u> \$ _____ \$ _____	Type (please explain): _____												

## Signature

By signing this application below, I/We understand I/We am giving permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I/We understand that management is relying on this information to prove my household's eligibility for an apartment. I/We understand that I/We can provide management with proof that I/We have paid my rent in full and on time for the past 12 months, or evidence that I/We have a rental subsidy that pays the full rent, in lieu of management obtaining a Consumer Report. I/We understand that a personal interview must be held and all income and assets will be verified. I/We understand that the approval of my application is contingent upon meeting the properties tenant selection criteria and the Housing Program requirements. Applicant understands that if any information relied upon by management in approving this application is deemed to be incorrect or untrue, it will be considered a material breach of the Lease and the Owner may evict the Tenant from the premises and exercise any other remedies permitted by law. I/We also understand that such an action may result in criminal penalties. Submission of false statements are punishable under Federal Law and could result in the cancellation of a lease agreement. Please initial that you have read this section: \_\_\_\_\_

If accepted, I/We certify this apartment will be my sole residence. This application creates no obligation for the Owner or Applicant.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

The following information is requested by the apartment owner to assure the Federal government that Federal Laws prohibiting discrimination against tenant applicants based on race, national origin, familial status, religion and sex are complied with. **You are not required to furnish this information but are encouraged to do so.** This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants based on visual observation or surname.

**PLEASE CIRCLE ONE:** American Indian/Alaska Native      Asian      Black or African American  
Native Hawaiian or Pacific Islander      White

**PLEASE CIRCLE ETHNICITY:** Hispanic/Latino      Not Hispanic/Latino

**PLEASE CIRCLE ONE:** Male      Female

### ***FOR OFFICE USE ONLY***

DATE RECEIVED	TIME RECEIVED AM PM	RECEIVED BY:
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This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).