

OLEAN HEIGHTS

70 Coretta Scott Crossing

Rochester, New York 14608

Phone: (585) 436-4040, TTY: 1-800-662-1220

Dear Applicant:

Thank you for your interest in Olean Heights! 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,

Olean Heights is a rental community for families. The property consists of three, four and five-bedroom apartments located in the city of Rochester. All apartments have appliances and laundry hook-ups. Water and garbage service is included in the rent. Residents of our community have access to an on-site laundry facility and community room.

Eligibility for housing at Olean Heights is determined by income, references, and criminal background checks. You have the right to review, contest and explain 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 project buildings as well as in outdoor areas within 50 feet of inhabited project buildings, play areas, or any surrounding inhabited buildings or play areas outside of the project 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
Olean Heights
Rochester, New York 14608

Welcome to Olean Heights, 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 and under the HOME Program. These programs are designated to facilitate the housing needs of moderate to low-income households. Applicants with Section 8 housing choice vouchers or certificates are welcome to apply for residency. Eight units have Project Based Section 8 subsidy. Please review the enclosed documentation regarding qualifications and application.

Residency in all the apartments is limited to families having moderate to low incomes. In addition to standard wages, income includes monies received from many sources such as alimony, pensions, social security, etc. Olean Heights will serve several income groups. Listed below are the current (2024) maximum allowable incomes, by household size. The income limits are updated and published annually by the U.S. Department of HUD.

30% Limits (Gross Income cannot exceed) Project Based Section 8 units

3 person	4 person	5 person	6 person	7 person	8 person	9 person	10 person
\$26,610	\$29,550	\$31,920	\$34,290	\$36,660	\$39,030	\$41,370	\$43,740

Unit Size	Occupancy	# of Units	Rent
4 bedroom	Min. 5/Max. 8	5	30% of adjusted gross income
5 bedroom	Min.7/Max.10	3	30% of adjusted gross income

50% HOME Limits (Gross Income cannot exceed)

3 person	4 person	5 person	6 person	7 person	8 person	9 person	10 person
\$43,650	\$48,500	\$52,400	\$56,300	\$60,150	\$64,050	\$67,900	\$71,800

Unit Size	Occupancy	# of Units	Rent
3 bedroom	Min. 3/Max. 6	18	\$783
4 bedroom	Min.5/Max.8	6	\$836

- Tenant is responsible for payment of all utilities for their apartment except water.
- 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 rent.
- Assistive animals for persons with a disability are accepted.
- Pets are not allowed.
- This is a non-smoking community. Smoking is not allowed in any apartment or common areas or within 50 feet of the buildings.

OLEAN HEIGHTS 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) 436-4040 or may be picked up at the following locations:

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

Olean Heights
70 Coretta Scott Crossing
Rochester, New York 14608

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, contest and explain results of a background check.
4. Catholic Family Center shall have preference for 5 units for persons with a disability
5. Two (2) units will be fully accessible for persons who have mobility impairment.
6. 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.

Olean Heights

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **HOME Investment Partnerships, The Housing Trust Fund, Low Income Housing Tax Credit Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **HOME Investment Partnerships, The Housing Trust Fund, Low Income Housing Tax Credit Program**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **HOME Investment Partnerships, The Housing Trust Fund, Low Income Housing Tax Credit Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **HOME Investment Partnerships, The Housing Trust Fund, Low Income Housing Tax Credit Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Olean Heights may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

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

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

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

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Moving to Another Unit

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

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

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

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

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

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

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

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

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

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

Confidentiality

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

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

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

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

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

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

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

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

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

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

Other Laws

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

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with U.S. Department of HUD, Buffalo Multifamily Program Center, 465 Main Street, 2nd Floor, Buffalo, NY 14203, or by calling them at 716-551-5755.

For Additional Information

You may view a copy of HUD's final VAWA rule at www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact U.S. Department of Hud at 716-551-5755.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Willow Domestic Violence Center at 585-222-7233 or 585-232-1741 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>. For help regarding sexual assault, you may contact RESTORE Sexual Assault Services at 585-546-2777.

Victims of stalking seeking help may contact The Center for Women and Gender at 585-295-3533.

Attachment: Certification form HUD-5382

**CERTIFICATION OF U.S. Department of Housing
DOMESTIC VIOLENCE, and Urban Development
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim’s): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



KATHY HOCHUL
Governor

Homes and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

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

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

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

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

You Cannot Be Rejected Based On:

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

You Cannot Be Asked About 9-12 Above

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

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

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

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

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

NYS HCR Fair and Equitable Housing Office (FEHO) -

<https://hcr.ny.gov/fair-housing> Form date: September 12, 2022

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) 436-4040** e-mailing **OleanHeights@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.

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.

- 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, the most, 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 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.



Rental Application



Olean Heights
 70 Coretta Scott Crossing
 Rochester, New York 14608
 Phone: (585) 436-4040, 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 #	
	HEAD		
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)

FOR ADDITIONAL HOUSEHOLD MEMBERS:

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

FOR ADDITIONAL HOUSEHOLD MEMBERS:

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

FOR ADDITIONAL HOUSEHOLD MEMBERS:

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

FOR ADDITIONAL HOUSEHOLD MEMBERS:

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

FOR ADDITIONAL HOUSEHOLD MEMBERS:

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

FOR ADDITIONAL HOUSEHOLD MEMBERS:

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

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY/ITIN #
ALL STATES LIVED IN:	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 <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> 5 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
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 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 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) 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
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), and UTMA's, CD's, Brokerage accounts, Stocks, Bonds, Retirement Accounts including IRA, Roth, Keogh, 401K and 403B, Annuities, Whole Life Insurance Policies, Funded/Pre-paid Debit Cards, and on-line accounts (PayPal, DraftKings, etc.).

Please check all assets that you have:

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

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 provide 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: White Black 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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