

SON HOUSE APARTMENTS

539 Joseph Avenue
Rochester, New York 14605
Phone: (585) 232-1219
Fax: (585) 232-1231
TTY: 1-800-662-1220

Dear Applicant:

Thank you for your interest in Son House Apartments! 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,

Son House Apartments is a rental community for individuals who are homeless and disabled (HIV/Aids, Chronic Substance Abuse or Mental Illness). The property consists of one-bedroom apartments located in the northern part of the city of Rochester. The building has an elevator and is intercom access only. Heat, electric 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 Son House Apartments 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 a specific accommodation in order to fully utilize our facility, please submit your request in writing and attach to your completed application.

Please note that in order to promote a healthy environment for both residents and staff, our community and apartments are **smoke-free**.

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
Son House Apartments
Rochester, New York 14605

Welcome to Son House Apartments, professionally managed by Providence Housing Development Corporation. Our community is operated under Housing Trust Fund (HTF) Program, Homeless Housing Assistance Program and under the HOME Program. Fourteen apartments have Project Based Section 8 subsidy. 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. Please review the enclosed documentation regarding qualifications and application.

Residency in all the apartments is limited to individuals having moderate to low incomes. In addition to standard wages, income includes monies received from many sources such as alimony, pensions, social security, etc. Son House Apartments will serve several income groups. Listed below are the current (2021) maximum allowable incomes, by household size. The income limits are updated and published annually by the U.S. Department of HUD.

50% Limits (Gross Income cannot exceed)

| | | | |
|-----------------|--|--|--|
| 1 person | | | |
| \$28,100 | | | |

| Unit Size | Occupancy | # of Units | Rent |
|------------------|------------------|-------------------|------------------------------|
| 1 bedroom | Min. 1/Max. 1 | 7 | \$716 |
| 1 bedroom | Min.1/Max.1 | 14 | 30% of adjusted gross income |

- Heat, electric and water are included in the rent.
- 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.

SON HOUSE APARTMENTS 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) 232-1219 or may be picked up at the following locations:

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

Son House Apartments
539 Joseph Avenue
Rochester, New York 14605

3. Tenant eligibility will be determined through proof of age, income certification, criminal record checks, landlord references, homelessness, disability 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. Catholic Family Center shall be the support/service provider. All units shall be made available to eligible residents referred to by a support agency.
5. Three (3) units are fully accessible for persons who have mobility impairment. One (1) unit is adapted for persons who have a hearing or vision 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.

Son House Apartments

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

Son House Apartments 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 Son House Apartments chooses to remove the abuser or perpetrator, Son House Apartments 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, Son House Apartments 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, Son House Apartments must follow Federal, State, and local eviction procedures. In order to divide a lease, Son House Apartments 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, Son House Apartments may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, Son House Apartments may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

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

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

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

OR

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

Son House Apartments 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.

Son House Apartment's emergency transfer plan provides further information on emergency transfers, and Son House Apartments 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

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

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

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

Confidentiality

Son House 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.

Son House Apartments must not allow any individual administering assistance or other services on behalf of Son House 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.

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

- You give written permission to Son House Apartments to release the information on a time limited basis.
- Son House 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 Son House Apartments or your landlord to release the information.

VAWA does not limit Son House 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, Son House 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, Son House 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
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

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

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

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

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

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

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

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

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

1. **Date the written request is received by victim:** _____

2. **Name of victim:** _____

3. **Your name (if different from victim’s):** _____

4. **Name(s) of other family member(s) listed on the lease:** _____

5. **Residence of victim:** _____

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

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

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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



Rental Application



Son House Apartments
 539 Joseph Avenue
 Rochester, New York 14605
 Phone: (585) 232-1219, 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 # |
| | | HEAD | |
| ALL STATES LIVED: | MARITAL STATUS | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <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 # |
| | | | |
| ALL STATES LIVED: | MARITAL STATUS | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <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 # |
| | | | |
| ALL STATES LIVED IN: | MARITAL STATUS | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <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 # |
| ALL STATES LIVED IN: | MARITAL STATUS | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <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 # |
| ALL STATES LIVED IN: | MARITAL STATUS | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <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 # |
| ALL STATES LIVED IN: | MARITAL STATUS | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO | BIRTHDATE (MM/DD/YY) |

Additional Information

| | | |
|---|--|--|
| What size apartment are you applying for? | <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 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 |
| Has any household member been convicted or are in the process of being convicted for a felony? | If yes, date of conviction: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has any household member been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is any household member subject to any state lifetime sex offender registrations 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).

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 | TOTAL VALUE OF ALL ASSETS: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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 in order to assure the Federal government that Federal Laws prohibiting discrimination against tenant applicants on the basis of 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 on the basis of 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: |
|---------------|-------------------------------|--------------|