

## St. Leo Senior Apartments

171 Lake Avenue, Hilton, New York 14468

Phone: (585) 299-7001

Fax: (585) 529-9525

TTY: (800) 662-1220

## Return SIGNED Applications to:

St. Leo Senior Apartments

171 Lake Avenue

Hilton, New York 14468

**OR email to: [StLeoSeniorApts@dor.org](mailto:StLeoSeniorApts@dor.org)**

Dear Applicant:

Thank you for your interest in St. Leo Senior Apartments! In response to your inquiry, please find enclosed an application for housing, program information sheet, tenant selection procedures, notice of occupancy rights under the Violence Against Women Act and Certification Form HUD-5382, Tenant's Rights to Reasonable Accommodations, and NYS Anti-Discrimination Policy when assessing Justice Involved Applicants.

St. Leo Senior Apartments is a new 40-unit rental community in Hilton, New York for seniors 55+. The property consists of one-bedroom and two-bedroom apartments. All apartments have energy star rated appliances, the building has an elevator, and 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, exercise room and community room. Twenty-five (25) units shall be dedicated to eligible NYS Empire State Homeless Housing Initiative (ESSHI) residents referred by Episcopal SeniorLife Communities and housed according to eligibility and prioritization criteria.

Eligibility for housing at St. Leo Senior 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 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

### St. Leo Senior Apartments Hilton, New York 14468

Welcome to St. Leo Senior Apartments, owned and 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, NYS Housing Trust Fund and HOME Program regulations. This program is designated to facilitate the housing needs of moderate to low-income 55+ 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 senior households (the head of household must be age 55 or older) 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 (2024) maximum allowable incomes, by household size. The income limits are updated and published annually by the U.S. Department of HUD.

#### **Income Limits** (Gross Income cannot exceed)

| Layer     | 1 person | 2 person | 3 person | 4 person |
|-----------|----------|----------|----------|----------|
| 30% Limit | \$20,370 | \$23,280 | \$26,190 | \$29,100 |
| 50% Limit | \$33,950 | \$38,800 | \$43,650 | \$48,500 |
| 60% Limit | \$40,740 | \$46,560 | \$52,380 | \$58,200 |

For Initial Occupancy: New York State Homes and Community Renewal's Housing Trust Fund Program further restricts incomes whereas gross rent (rent plus any utility allowance) must fall between 25% and 48% of the household's income. The eligible income ranges for each layer and unit size are listed below.

| Unit Size                       | Occupancy   | # of Units | Rent                            | HTF Minimum Income | HTF Maximum Income   |
|---------------------------------|-------------|------------|---------------------------------|--------------------|--|
| 1 bedroom<br>ESSHI *<br>30% AMI | Min.1/Max.2 | 8          | 30% of adjusted<br>gross income | N/A                | 1-person HH \$19,950<br>2-person HH \$22,800                         |
| 1 bedroom<br>ESSHI *<br>50% AMI | Min.1/Max.2 | 17         | 30% of adjusted<br>gross income | N/A                | 1-person HH \$33,250<br>2-person HH \$38,000                         |
| 1 bedroom<br>50% AMI            | Min.1/Max.2 | 13         | \$776                           | \$19,400           | 1-person HH \$33,250<br>2-person HH \$37,248                         |
| 2 bedroom<br>60% AMI            | Min.2/Max.4 | 2          | \$1021                          | \$25,525           | 2-person HH \$45,600<br>3-person HH \$49,008<br>4-person HH \$49,008 |

\*Must be referred by Episcopal SeniorLife Communities

- Tenant is responsible for payment of cable and internet for their apartment.
- Highspeed WIFI is available in common areas.
- 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.
- One cat or dog under 25 lbs. is allowed

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| <p style="text-align: center;"><b>St. Leo Senior Apartments</b><br/><b>APPLICATION &amp; TENANT SELECTION PROCEDURES</b></p> |
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Applications:

Applications will be available at the following locations for pick up or by mail. Contact information is listed below:

St. Leo Senior Apartments  
171 Lake Avenue  
Hilton, New York 14468

Providence Housing Dev. Corp.  
1150 Buffalo Road  
Rochester, NY 14624

Tenant Selections Procedures – Affordable Housing:

1. Selection Process: After the initial application lottery, Tenants will be selected from the waitlist in the order they are received.
2. Tenant eligibility: 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.

Once applicants have been placed in priority order, they will be contacted to inform them of their placement on the waitlist and/or to schedule a personal interview. After the personal interview, applicants will supply income and asset information which then will be third-party verified. Management staff will review all materials and determine eligibility for tenancy.

Tenant Selection Procedures – ESSHI Units:

Twenty-five (25) units will be reserved for eligible NYS Empire State Homeless Housing Initiative (ESSHI) residents referred by Episcopal SeniorLife Communities. Residents will be screened and housed according to eligibility and prioritization criteria.

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| <p style="text-align: center;"><b>St. Leo Senior Apartments</b><br/><b>TENANT SELECTION PROCEDURES cont.</b></p> |
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Accessibility:

Four (4) units will be fully accessible for persons who have mobility impairment. Two (2) units will be adapted for persons who have a hearing or vision impairment.

Rental Considerations – All Units:

All applicants will be rejected from consideration if they were convicted for producing methamphetamine in the home, are a lifetime registrant on the Sex Offender Registry, household income exceeds the applicable income limit, household income is insufficient to pay the rent, or the household does not have a member that is aged 55 or older. An applicant may be ineligible because family composition does not meet the occupancy guidelines established.

Applicants with a criminal record 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 Regional Property Manager or his/her representative. Any reply and final response will be kept in the application file.

## **St. Leo Senior Apartments**

### **Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

#### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> 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 compliant 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**

St. Leo Senior Apartments may divide (bifurcate) your lease 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.

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

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

If St. Leo Senior Apartments chooses to remove the abuser or perpetrator, St. Leo Senior 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, St. Leo Senior Apartments must allow the tenant who is or has been a victim and other household members to remain in the unit for a period, 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, St. Leo Senior Apartments must follow Federal, State, and local eviction procedures. To divide a lease, St. Leo Senior 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.

### **Moving to Another Unit**

Upon your request, St. Leo Senior Apartments may permit you to move to another unit, subject to the availability of other units, and keep your assistance. To approve a request, St. Leo Senior 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 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 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.

St. Leo Senior 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. The emergency transfer plan provides further information on emergency transfers, and St. Leo Senior Apartments must make a copy of its plan available if you ask to see it.

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

St. Leo Senior 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 a request from St. Leo Senior Apartments must be in writing, and St. Leo Senior 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. St. Leo Senior 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 St. Leo Senior Apartments as documentation. It is your choice which of the following to submit if St. Leo Senior 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 St. Leo Senior 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 St. Leo Senior Apartments has agreed to accept.

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

If St. Leo Senior 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), St. Leo Senior 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, St. Leo Senior Apartments does not have to provide you with the protections contained in this notice.

### **Confidentiality**

St. Leo Senior 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.

St. Leo Senior Apartments must not allow any individual administering assistance or other services on behalf of St. Leo Senior 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.

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

- You give written permission to St. Leo Senior Apartments to release the information on a time-limited basis.
- St. Leo Senior 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 St. Leo Senior Apartments or your landlord to release the information.

VAWA does not limit St. Leo Senior Apartments' 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, St. Leo Senior 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, St. Leo 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, 2<sup>nd</sup> 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](http://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): \_\_\_\_\_

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| In your own words, briefly describe the incident(s):<br>_____<br>_____<br>_____<br>_____ |
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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.

## **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) 299-7001 or E-mailing [StLeoSeniorApts@dor.org](mailto:StLeoSeniorApts@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.

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<sup>t</sup>The Notice must include contact information when being provided under 466.15(d)(1), above. However, when being provided under (d)(2) and when this information is not known, the sentence may read "To request a reasonable accommodation you should contact your property manager."

<sup>t</sup> This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space or place you at the top of a waiting list if no adjacent spot is available.
- If you have a visual impairment and require printed notices in an alternative format such as large print font or need notices to be made available to you electronically, you can request that accommodation from your landlord.

### **Required Accessibility Standards**

All buildings constructed for use after March 13, 1991, are required to meet the following standards:

- Public and common areas must be readily accessible to and usable by persons with disabilities.
- All doors must be sufficiently wide to allow passage by persons in wheelchairs; and
- All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint with the New York State Division of Human Rights.

### **How to File a Complaint**

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to [www.dhr.ny.gov](http://www.dhr.ny.gov), or by calling 1-888-392-3644. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.

## **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 protection.

### **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 reduced 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>

NYS HCR Fair and Equitable Housing Office (FEHO) - <https://hcr.ny.gov/fair-housing> Form  
date: September 12, 2022



# Rental Application



St. Leo Senior Apartments  
 171 Lake Avenue  
 Hilton, New York 14468  
 Phone: (585) 299-7001, TTY (800) 662-1220

**For Office Use Only:**  
 ESSHI Referral: \_\_\_\_  
 HCP \_\_\_\_ H/V \_\_\_\_  
 HCV \_\_\_\_\_ Agency \_\_\_\_\_

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

| APPLICANT CONTACT INFORMATION                            |            |                        |
|--|------------|------------------------|
| APPLICANT NAME   |            | CURRENT STREET ADDRESS |
| HOME PHONE<br>( )  |            | CITY, STATE, ZIP       |
| MOBILE PHONE<br>( )                                      | 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)   |
|                          |                |  |                        |

**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:<br><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<br><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 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 |
| 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).

\*\*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. More information is available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>



## 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 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 based on visual observation or surname.

PLEASE CIRCLE ONE:    White    Black    PLEASE CIRCLE ETHNICITY:    Hispanic/Latino    Not Hispanic/Latino

PLEASE CIRCLE ONE:    Male    Female

\_\_\_\_\_ Prefer not to answer

#### FOR OFFICE USE ONLY

|               |               |              |
|---------------|---------------|--------------|
| DATE RECEIVED | TIME RECEIVED | RECEIVED BY: |
|               | AM<br>PM      |              |