

# ST. SALOME APARTMENTS

4260 Culver Road  
Rochester, New York 14622  
**Phone:** 585-544-9151  
**Fax:** 585-544-9152  
**TTY:** 1-800-662-1220

Dear Applicant:

Thank you for your interest in St. Salome 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.

St. Salome Apartments is a rental community for seniors 55 years of age and older. The property consists of one and two-bedroom apartments located in Irondequoit. The building has an elevator and intercom access only. Heat and hot water are included in the rent. Residents of our community have access to an on-site laundry facility and community room.

Eligibility for housing at St. Salome Apartments is determined by age, 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. Salome Apartments

### Irondequoit, New York 14622

Welcome to St. Salome Apartments, 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 and Housing Trust Fund (HTF) Program, Affordable Housing Program (AHP), the HOME Program and 8 units 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 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. St. Salome Apartments will serve several income groups. Listed below are the current (2026) maximum allowable incomes, by household size. The income limits are updated and published annually by the U.S. Department of HUD. HTF restricts incomes whereas gross rent (rent plus any utility allowance) must not exceed 48% of the household's income. The eligible income ranges for each layer and unit size are listed below.

| Unit Type                   | AMI | Unit Size          | Units | Rent                         | Household Size | Household Income    |
|-----------------------------|-----|--------------------|-------|------------------------------|----------------|---------------------|
| Project-Based Voucher (PBV) | 30% | 1 BR               | 7     | 30% of adjusted gross income | ●              | Max \$22,470        |
|                             |     |                    |       |                              | ●●             | Max \$25,680        |
|                             |     | 2 BR               | 1     |                              | ●●             | Max \$25,680        |
|                             |     |                    |       |                              | ●●●            | Max \$28,890        |
|                             |     |                    |       |                              | ●●●●           | Max \$32,100        |
| Seniors 55+                 | 30% | 1 BR               | 3     | \$457                        | ●              | \$13,225 - \$22,470 |
|                             |     |                    |       |                              | ●●             | \$13,225 - \$25,680 |
|                             | 50% | 1 BR               | 23    | \$700                        | ●              | \$19,300 - \$37,450 |
|                             |     |                    |       |                              | ●●             | \$19,300 - \$42,800 |
|                             |     | 2 BR               | 6     | \$851                        | ●●             | \$23,700 - \$42,800 |
|                             |     |                    |       |                              | ●●●            | \$23,700 - \$48,150 |
|                             |     |                    |       |                              | ●●●●           | \$23,700 - \$53,500 |
|                             |     | 2 BR<br>Patio Home | 5     | \$938                        | ●●             | \$25,875 - \$43,200 |
|                             |     |                    |       |                              | ●●●            | \$25,875 - \$48,600 |
|                             |     |                    |       |                              | ●●●●           | \$25,875 - \$54,000 |

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

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| <p style="text-align: center;"><b>ST. SALOME APARTMENTS</b><br/><b>TENANT SELECTION PROCEDURES</b></p> |
|--------------------------------------------------------------------------------------------------------|

1. Selection Process: Applicants will be selected from the waitlist in the order they are received.
2. Applications are available by mail by calling (585) 544-9151 or may be picked up at the following locations:

**Providence Housing**  
1150 Buffalo Road  
Rochester, New York 14624

**St. Salome Apartments**  
4260 Culver Road  
Rochester, New York 14622

3. Tenant eligibility will be determined through proof of age, income certification, criminal record checks, landlord references and additional requirements as required by the designated project or funders. When filling a vacancy in a specially designated “handicap” unit or “hearing/visually impaired” unit, preference will be given to applicants who require the use of the special design features of that unit. You have the right to review and contest the results of a background check.
4. Catholic Family Center shall have preference for seven (7) units.
5. Five (5) 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 applicants to review, contest, and explain the information contained in the criminal record check and to present evidence of rehabilitation. Applicants with a criminal record will be provided with the Know Your Rights materials at the time more information is requested and in the event of a rejection.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Need further help?**

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

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Phone Phone Number: \_\_\_\_\_

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: \_\_\_\_\_

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

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

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

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

*Dating violence* means violence committed by a person:

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

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

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

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

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

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

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

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

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

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

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

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

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

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

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

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

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

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

<https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>

## NOTICE DISCLOSING TENANTS' RIGHTS TO REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

### Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact your property manager by calling **(585) 544-9151** or by e-mailing **[St.SalomeApts@dor.org](mailto:St.SalomeApts@dor.org)**\*. You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice. Specifically, if you have a physical, mental, or medical impairment, you can request permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out); Changes to your housing provider's rules, policies, practices, or services; Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas. Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.
- If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a "no pet" rule.
- If you need grab bars in your bathroom, you can request permission to install them at your own expense. If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.
- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space or place you at the top of a waiting list if no adjacent spot is available.
- If you have a visual impairment and require printed notices in an alternative format such as large print font or need notices to be made available to you electronically, you can request that accommodation from your landlord.

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

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

**Required Accessibility Standards**

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

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

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

**How to File a Complaint**

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



# Rental Application



**St. Salome Apartments**  
4260 Culver Road  
Rochester, New York 14622  
**Phone** (585) 544-9151 | **TTY** (800) 662-1220

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

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

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

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

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

| FOR ADDITIONAL HOUSEHOLD MEMBERS: Please complete each of the following sections for each individual household member. |                |                                                                  |                        |
|------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------|------------------------|
| NAME (FIRST MIDDLE LAST)                                                                                               |                | RELATIONSHIP TO THE HEAD OF HOUSEHOLD                            | SOCIAL SECURITY/ITIN # |
|                                                                                                                        |                |                                                                  |                        |
| ALL STATES LIVED:                                                                                                      | MARITAL STATUS | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO | BIRTHDATE (MM/DD/YY)   |
|                                                                                                                        |                |                                                                  |                        |

| 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)   |
|                                   |                |                                                                  |                        |

|                          |                |                                                                  |                        |
|--------------------------|----------------|------------------------------------------------------------------|------------------------|
| 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                                            |                                                          |
| 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 pet? If yes, list type and weight: _____                                                                        | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |                                                          |
| Do you own a service animal or emotional support animal? If yes, you will be required to request a reasonable accommodation. | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |                                                          |
| Has any household member been of a felony in the past 5 years?***                                                            | If yes, date of conviction: _____                                                                                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has any household member been convicted for manufacturing methamphetamine in the home?                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |                                                          |
| Is any household member subject to any state lifetime sex offender registration requirement?                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |                                                          |
| If applicable, do all the children in the household live with you 50% or more of the time?                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |                                                          |
| Will you or any adult household member require a live-in care attendant to live independently?                               | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |                                                          |
| Is your reason for moving due to a domestic violence, dating violence, sexual assault, or stalking situation?                | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |                                                          |
| Does anyone in the household have a housing choice voucher or is receiving housing assistance from another source?           | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |                                                          |

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

\*\*Veterans or their spouse, which means those who have served in the armed forces of the United States: (i) for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii).

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

## Income & Assets

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

### LIST ALL INCOME SOURCES:

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

|                  |               |                       |
|------------------|---------------|-----------------------|
| HOUSEHOLD MEMBER | INCOME SOURCE | MONTHLY GROSS PAYMENT |
| HOUSEHOLD MEMBER | INCOME SOURCE | MONTHLY GROSS PAYMENT |
| HOUSEHOLD MEMBER | INCOME SOURCE | MONTHLY GROSS PAYMENT |
| HOUSEHOLD MEMBER | INCOME SOURCE | MONTHLY GROSS PAYMENT |

### 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.).

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

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