

PETOFF GARDEN APARTMENTS (I AND II) RENTAL APPLICATION

This is an application for housing owned or managed by the Fulton County Community Heritage Corporation (FCCHC). Applications are maintained on the waiting list in order of income level as well as by date and time of receipt of completed application. All requested information must be provided in order for an application to be considered complete. Please print legibly and provide an accurate mailing address.

A. General Information

Applicant Name:

(Last)

(First)

(Middle)

Residence Address:

(Street)

(City)

(State)

(Zip)

Mailing Address:

(Street)

(City)

(State)

(Zip)

Home Phone: _____

Work Phone: _____

Do you currently: Own Home: _____ Rent: _____ Own mobile home and rent lot: _____
Occupy by life use: _____ Live with relatives or friends: _____

Present Monthly Rent \$ _____ # of Bedrooms in current Unit _____

Check Utilities (X) paid by you: Heat _____ Electricity _____ Other _____

Approximate Monthly of Utilities Paid by You, (NOT Including Phone and Cable): \$ _____

Type Apartment Requested - One bedroom _____ Handicapped Accessible/Adapted _____

Do you wish to be considered for an apartment in only Petoff Garden Apts. I (Old Building) _____
Petoff II (New Building) _____ or Either _____

List yourself and all persons who would live in this apartment. List Head of Household first
(Tenant)

<u>NAME (First, Mi, Last)</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>SOC. SEC. #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PETOFF GARDEN APARTMENTS (I AND II)

RENTAL APPLICATION

A. FAMILY HOUSEHOLD COMPOSITION:

The following information is requested by the apartment owner in order insure that State or Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used against you in any way. However, if you choose not to furnish it, the owner may be required to note the race/nation origin and sex of the individual applicants on the basis of visual observation or surname.

Male _____ Female _____ Married _____ Single _____ Separated _____

White _____ Black _____ American Indian or Alaskan Native _____

Hispanic _____ Asian or Pacific Islander _____ Caucasian/Other _____

B. INCOME; LIST ALL SOURCES AND ADDRESS OF INCOME AS REQUESTED BELOW FOR EACH PERSON WHO WILL RESIDE IN THE HOUSEHOLD:

<u>FAMILY MEMBER NAME</u>	<u>SOURCE OF INCOME</u>	<u>AMOUNT (GROSS)</u>
1 _____	a. Social Security	\$ _____ per MONTH (GROSS)
2 _____	a. Social Security	\$ _____ per MONTH (GROSS)
1 _____	b. SSI Benefits	\$ _____ per MONTH (GROSS)
2 _____	b. SSI Benefits	\$ _____ per MONTH (GROSS)
1 _____	c. Pension Source & Address	\$ _____ per MONTH (GROSS) _____ _____
2 _____	c. Pension Source & Address	\$ _____ per MONTH (GROSS) _____ _____
1 _____	d. Veterans Benefits Address	\$ _____ per MONTH (GROSS) _____ _____
1 _____	e. Unemployment Comp. Source & Address	\$ _____ per MONTH (GROSS) _____ _____
1 _____	f. Public Assistance Source & Address	\$ _____ per MONTH (GROSS) _____ _____
	Case Worker	_____ _____

**PETOFF GARDEN APARTMENTS (I AND II)
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1 _____ g. Employment \$ _____ per week (GROSS)
Hourly Wage _____ Hrs. per Week Worked _____
Position _____ How long employed _____
Source & Address _____

2 _____ g. Employment \$ _____ per _____ (GROSS)
Hourly Wage _____ Hrs. per Week Worked _____
Position _____ How long employed _____
Source & Address _____

1 _____ h. Alimony \$ _____ per Month
Source & Address _____

1 _____ i. Interest Income \$ _____ per MONTH
Source & Address _____

2 _____ i. Interest Income \$ _____ per MONTH
Source & Address _____

1 _____ j. Other Income \$ _____ per _____ (GROSS)
Source & Address _____

2 _____ j. Other Income \$ _____ per _____ (GROSS)
Source & Address _____

3 _____ J. Other Income \$ _____ per _____ (GROSS)
Source & Address _____

(Please attach additional sheets as necessary)

TOTAL GROSS ANNUAL INCOME: \$ _____

Do you anticipate any changes in this income in the next 12 months?

YES _____ NO _____ If yes, explain: _____

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D. ASSET INFORMATION:

<u>TYPE of ACCOUNT</u>	<u>ACCOUNT#</u>	<u>BANK NAME & ADDRESS</u>	<u>CURRENT BALANCE</u>
<u>Checking</u>	_____	_____	_____
<u>Checking</u>	_____	_____	_____
<u>Savings</u>	_____	_____	_____
<u>Savings</u>	_____	_____	_____
<u>Trust</u>	_____	_____	_____
<u>Certificate of Deposit</u>	_____	_____	_____
<u>Certificate of Deposit</u>	_____	_____	_____
<u>Certificate of Deposit</u>	_____	_____	_____
<u>Credit Union</u>	_____	_____	_____
<u>Life Insurance Policies</u>	_____	Company _____	Cash Value _____
Company Address: _____			
<u>Life Insurance Policies</u>	_____	Company _____	Cash Value _____
Company Address: _____			

(Please Attach Additional Sheets as Necessary To List All Accounts)

Real Property: Do you, or any household member, own any real property or a mobile home? Yes _____ NO _____

If yes, type of property _____

Location _____

Market Value or Assessed Value \$ _____

Mortgage or Outstanding Loan Balance Due \$ _____

ASSET INFORMATION CONTINUED:

Have you sold/dispensed of any real property or a mobile home in the last 2 years? Yes _____ No _____

If yes, type of property _____

Market Value when Sold/Disposed \$ _____

Amount Sold/Disposed for \$ _____

Date of Transaction _____

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Have you Sold/Disposed of any other assets in the Last Two Years (Example: Given away money to relatives, set up irrevocable trust accounts)?

Yes _____ No _____
If yes describe asset _____
Date of Disposition _____
Amount disposed of \$ _____

Do you have any other personal assets of any kind that you have not listed above (Excluding Personal Property)? Yes _____ NO _____

Yes _____ No _____
If yes, List and Describe _____

E. PROGRAM AND PREVIOUS HOUSING INFORMATION:

Were you or are you being displaced from your current or previous residence? YES _____ NO _____
If yes, Displacement Agency _____

Was your current unit condemned or declared uninhabitable? YES _____ NO _____
If Yes, By Whom? _____

Are you currently living in Subsidized Housing? YES _____ NO _____
Have you ever resided in a project financed and/or subsidized by the government?
Yes _____ No _____ If yes, name and address _____

Have you ever been evicted from any housing? Yes _____ No _____
If yes: When _____ Where _____
If yes, describe reasons for eviction: _____

How did you hear about this housing? _____

Will you take an apartment if one is available? YES _____ NO _____
If NO, When? _____
Briefly describe your reason for applying _____

F. REFERENCE INFORMATION:

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
How long have you lived here? _____

**PETOFF GARDEN APARTMENTS (I AND II)
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Previous Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
How long did you live there? _____

Credit References:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

Personal Reference (DO NOT list relatives, employers or landlords.):

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

In Case of Emergency, Notify: Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

H. VEHICLE INFORMATION:

Vehicles: List any cars, trucks, motorcycles, or other vehicles owned. Parking will be provided for one vehicle per apartment. Arrangement with management and management permission will be necessary for more than one vehicle

<u>Type of Vehicle</u>	<u>Year/Make</u>	<u>Color</u>	<u>License Plate</u>
_____	_____	_____	_____
_____	_____	_____	_____

**PETOFF GARDEN APARTMENTS (I AND II)
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I. PETS INFORMATION: Do you own or expect to acquire any Pets? Yes _____ No _____

If YES Describe _____

J. OTHER REQUIRED INFORMATION

Do you currently operate a business out of your home? Yes _____ No _____

Have you been convicted of a crime involving an elderly person? Yes _____ No _____

Have you been convicted of a felony? Yes _____ No _____

Have you been convicted of a misdemeanor or felony involving sale or misuse of controlled substances, theft, dishonesty or abuse of persons? Yes _____ No _____

Have you been convicted in a criminal trial or found guilty in a civil trial involving personal injury to another? Yes _____ No _____

Please return completed applications to:

FCCHC
P. O. Box 646
Gloversville, NY 12078

**PETOFF GARDEN APARTMENTS (I AND II)
RENTAL APPLICATION**

1. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We hereby certify that this will be my/our permanent residence. I/We understand that my/our eligibility for housing will be based on NYS Housing Trust Fund income/occupancy limits and by Fulton County Community Heritage Corporation selection criteria. I/We certify that all information in this application is true and complete to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this application (other than personal property). I/We understand that false statements or information are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. This would also lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURES:

APPLICANT _____ CO-APPLICANT _____

DATED _____ DATED _____

NOTIFICATION AND AUTHORIZATION

The applicant(s) are notified that a consumer credit report may be requested in connection with their preliminary application. Upon request, Applicant(s) will be given the name and address of the consumer reporting agency that furnished that report. By signing below, the Applicant(s) authorize the Fulton County Community Heritage to order a consumer credit report from a credit reporting agency.

I/We do hereby authorize Fulton County Community Heritage Corp. and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our application for housing in programs administered/managed by Fulton County Community Heritage Corp.

SIGNATURES:

APPLICANT _____ CO-APPLICANT _____

DATED _____ DATED _____

ATTENTION: PLEASE SIGN THE FOLLOWING PAGES AT THE BOTTOM. ALSO, FILL IN YOUR NAMES AND ADDRESS WHERE THE "RE" IS. DO NOT FILL IN THE DATE OR THE "TO" LINE. THESE SHEETS ARE NECESSARY TO OBTAIN INCOME VERIFICATIONS TO DETERMINE YOUR ELIGIBILITY AS A TENANT.

FULTON COUNTY COMMUNITY HERITAGE CORPORATION

**CONSENT FOR RELEASE OF INFORMATION
- SOCIAL SECURITY ADMINISTRATION-**

1. _____
Name Date of Birth Social Security Number

2. _____
Name Date of Birth Social Security Number

I authorize the Social Security Administration to release information or records about me to:

Fulton County Community Heritage Corporation
P.O. Box 646
Gloversville, New York 12078

I want this information released to the above named organization to verify my income. I am an applicant for admission as a tenant, or I am a tenant having an annual recertification, for a publicly aided housing unit operated or managed by this organization. This organization will use the information to determine my eligibility status and the amount of my rent.

Please release the following information:

_____ Gross monthly Social Security Benefit amount, Type of Benefit, and date of birth.

_____ Gross Monthly Supplemental Security Income Payment Amount, Type of Benefit, and date of birth.

_____ Monthly Medicare premium

I am the individual to whom the information/record applies, or legal guardian. I know that if I make representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

1. SIGNATURE: _____ DATE _____

2. SIGNATURE: _____ DATE _____

REQUEST FOR INCOME AND ASSET VERIFICATION

Projects: Petoff Garden Apartments I and II
Managing Agent: Fulton County Community Heritage Corporation (FCCHC)
Address: P. O. Box 646, Gloversville, New York 12078

Re: Name: _____ S.S. # _____
Address: _____ S.S.# _____

To: _____ Date: _____

As managing agent for these Lower Income Housing Projects, State and/or Federal Regulations require we verify various information, including the value of all assets and projected income of all members of households applying to reside, or currently residing, in these buildings. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this household. A signed authorization for your release appears below. Please complete the attached form and return it to FCCHC at the address above at your earliest convenience. If you have any questions, please contact me at the number below. Thank you for your assistance.

David O. Henderson,
FCCHC Executive Director

Telephone: (518) 725-2114
Fax: (518) 725-1225

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information to FCCHC.

Signature: _____ Signature: _____

Date: _____ Date: _____

Verification form is attached.

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Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

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

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.

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

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

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 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

Fulton County Community Heritage Corp[Insert the project name, owner, or covered housing provider (acronym HP for purposes of this document)] may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP 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, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

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

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP 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.

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

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

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP 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. HP 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 HP as documentation. It is your choice which of the following to submit if HP 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 HP 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 HP has agreed to accept.

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

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

Confidentiality

HP 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.

HP must not allow any individual administering assistance or other services on behalf of HP (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.

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

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

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

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

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP 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, HP 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.

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at (518-474-9583).

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).

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>.

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at

<https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf>

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

Attachment: Certification form HUD-5382



Homes and Community Renewal

ANDREW M. CUOMO
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

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

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

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

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

You Cannot Be Rejected Based On:

1. Arrest records that were resolved in your favor;
2. Youthful offender adjudications;
3. Pending arrests with adjournments in contemplation of dismissal;
4. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
5. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
6. Convictions that were excused by pardon, overturned on appeal or vacated;
7. Convictions or pending arrests that do not involve physical violence to persons or property, or affected the health, safety and welfare of others

You Cannot Be Asked About 1-5 Above

If a housing provider asks you about such matters, you may answer as if the protected arrest, conviction or adjudication never occurred. For more information on this protection, including how to file a complaint if you believe you have been discriminated against, see the New York State Division of Human Rights' Protections Under the Law for People with Arrest and Conviction Records (<https://dhr.ny.gov/protections-people-arrest-and-conviction-records>).

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. What evidence do you have about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)?

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@nysdhr.org for assistance. More information is available **here**: <https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies>

NYS HCR Fair and Equitable Housing Office (FEHO) - <https://hcr.ny.gov/fair-housing>

Form date: 03/02/2020

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 518-883-3889 or 518-725-2114, or by e-mailing NA. You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice. Specifically, if you have a physical, mental, or medical impairment, you can request:

Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out); Changes to your housing provider's rules, policies, practices, or services; Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas. Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.
- If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a "no pet" rule.
- If you need grab bars in your bathroom, you can request permission to install them at your own expense. If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.

* The Notice must include contact information when 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."

¹ 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, 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.