STAR LAKE HOUSING
136 YOUNGS RD.
STAR LAKE, NY 13690
716-844-2158/TDD Relay 711

(ALL BLANKS MUST BE FILLED IN OR THIS FORM WILL BE RETURNED TO YOU)

OFFICE USE ONLY: DATE RECEIVED _____ TIME RECEIVED _____
MANAGER INITIALS _____

THIS FORM SHOULD BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST APPLICANT FIRST, CO-APPLICANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD, ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application, someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose hand-writing appears on the form.)

APPLICANT'S NAME _____ PHONE NO. _____ ☐ Cell
PRESENT ADDRESS _____ RENT: $_____ ☐ Landline
_____ UTILITIES INCLUDED? _____
E-mail:_____

A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME.

NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSE	SOCIAL SECURITY # (FOR ALL)	FULL TIME STUDENT? (Y/N)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

B. Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a disabled family member? Yes _____No _____If yes, please explain:
_____

Will any alterations to the apartment be necessary for you or a member of your family? Yes ___No ___ If yes, please explain: _____

What apartment size are you applying for? _____Bedroom(s)

Do you require an accessible unit or reasonable accommodation due to disability? ___Yes ___No

C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW. ENTER ZERO ($0) FOR ANYTHING THAT DOES NOT APPLY.

NAME OF FAMILY MEMBER _____ SOURCE OF INCOME _____

_____a. Social Security Gross monthly amount $_____
_____ Social Security Gross monthly amount $_____
_____b. Pension monthly amount $_____
_____ Pension monthly amount $_____
Source of Pension(s) _____
_____
_____c. SSI Benefits monthly amount $_____
_____ SSI Benefits monthly amount $_____
_____d. Wages Gross monthly amount $_____
_____
Employer's Name _____
Employer's Address _____
_____
_____ Wages Gross monthly amount $_____
Employer's Name _____
Employer's Address _____
_____e. Unemployment Comp. monthly amt. $_____
_____ Unemployment Comp. monthly amt. $_____
_____f. Social Services monthly amount $_____
_____ Social Services monthly amount $_____
_____g. Full Time Student over 18 $_____
_____ Full Time Student over 18 $_____
_____h. Alimony monthly amount $_____
_____i. Child Support monthly amount $_____
_____j. Earned Income
Tax Credit ANNUAL amount $_____
_____k. Other Income monthly amount $_____
Source _____
_____ Other Income monthly amount $_____
Source _____
_____l. Income from investments monthly $_____
_____ Income from investments monthly $_____
_____m. Interest income monthly amount $_____
_____ Interest income monthly amount $_____

Do you anticipate any changes in this income during the next 12 months? Yes _____No _____

Does anyone in the household receive any regular contributions or gifts from non-household members?
Yes _____No _____ If yes, explain _____

Does anyone in the household receive any income from property? Yes _____No _____ Explain _____
_____

Do you expect anyone not listed on this application to be moving in with you in the future?
Yes _____No _____

Is either the Head of Household or Co-head a full-time student or expected to be in the next 12 months?
Yes _____No_____

D. PLEASE LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS (Bank checking, savings accounts, credit union accounts, C.D.'s, stock)

	ACCOUNT NUMBER	BANK	BALANCE	INTEREST RATE
Checking Account	#			
	#			
Cash On Hand				
Savings Account	#			
	#			
Credit Union	#			
	#			
C.D.'s	#			
	#			
Savings Bonds	#			
	#			
Other (property held as an investment or life insurance cash value)	#			
	#			

Real Property: Do you own any property? Yes _____No _____
If yes, type of property _____
Where is property located _____
Appraised Market Value $_____

Does anyone in the household receive any income from the property? Yes_____ No_____ Explain _____

Have you sold/disposed of any property in the last 2 years? Yes_____No _____
If yes, type of property _____
Market Value when sold/disposed $_____
Date of transaction _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust accounts)? Yes_____No_____ If yes, describe asset_____
Date of Disposition _____
Amount disposed $_____

Do you have any other assets not listed above (excluding personal property)? Yes_____No_____
If yes, list _____

E. MEDICAL/CHILD CARE/HANDICAP ASSISTANCE EXPENSES

A deduction is allowed for households whose head or co-head is elderly, (62 or older), handicapped or disabled (regardless of age).

Are you or anyone in your household seeking this deduction? Yes _____No _____

If yes, you must provide evidence in the form of a statement by a qualified individual. THE NATURE OF A HANDICAP OR DISABILITY DOES NOT HAVE TO BE DISCLOSED.

Medical Costs: Complete this part ONLY if Head of Household or Co-Tenant is age 62 or older, or Disabled or Handicapped (regardless of age).
Medicare Premiums Monthly Amount $_____
Monthly Amount $_____

Medical Insurance Coverage - Insurer's Name _____
Address _____
Monthly Amount $_____

HANDICAP ASSISTANCE EXPENSES: Complete ONLY if Handicap Expenses allow a member of the household to work or attend school. List type of expenses, weekly amount, paid to whom:

_____

_____

_____

Anticipated Medical/Drug/Prescription costs NOT covered by insurance or reimbursed:
Monthly Amount $_____

Medical Bills or outstanding costs YOU are making monthly payments for:
Balance Due $_____Monthly Payments $_____Payable to: _____

_____

Name and Address of all Physicians you are seeing on a regular basis:

_____

_____

_____

Any other medical expenses: Type _____
Amount _____

CHILD CARE Costs: Complete ONLY for children 12 and younger:

Names of children cared for _____Age _____
_____Age _____
_____Age _____
_____Age _____

Name and Address of Person or Agency caring for children _____

_____

Weekly cost for children due to employment or education $_____

HANDICAP ASSISTANCE EXPENSES: Complete ONLY if Handicap Expenses allow a member of the household to work or attend school. List type of expenses, weekly amount, paid to whom:

_____

_____

_____

F. REFERENCES:

1. Do you currently receive a *full rental subsidy* (this means that you pay NO rent) where you currently live? Yes_____ No_____

2. Do you have rent receipts or other proof (such as canceled checks, money order stubs, etc.) that you have paid your rent in *full and on time* for the past 12 months? Yes_____ No_____

If your proof requires your current landlord verify this fill out the landlord contact information below and we will contact your landlord for verification:

Current Landlord: Name _____
Address _____

_____
Phone Number _____

If you do not have proof of on time, full payment of rent for the preceding 12 months, please be advised that we will obtain a credit check on your behalf and at no cost to you.

CRIMINAL HISTORY:

1. Are you a current illegal user of controlled substance or have you ever been convicted of using a controlled substance? ____Yes ____No. If yes, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? ____Yes ____No

2. Have you or any member of your household ever been convicted or pleaded "guilty" or “no contest” to a crime (whether or not resulting in a conviction)? ____Yes ____No
   If yes, what State/County? _____ When?_____

3. Are you or any member of your family a drug dealer or have you of any family member ever been a drug dealer? Yes _____No _____

4. Have you or any household member ever been convicted of or pleaded guilty or “no contest” to a crime involving sexual misconduct (whether or not resulting in a conviction)? ___Yes ___No
   If yes, what State/County? _____ When? _____

5. Are you or any household member a Registered or Unregistered Sex Offender? ___Yes ___No
If yes, list State(s):_____

6. Please list all States you have lived in: _____

IN CASE OF EMERGENCY NOTIFY: _____
Address _____ Phone Number _____

LIST YEAR, MAKE, COLOR AND LICENSE PLATE # FOR ALL VEHICLES IN YOUR HOUSEHOLD

YEAR/MAKE	COLOR	LICENSE PLATE #
_____	_____	_____
_____	_____	_____

Do you own any pets: Yes ___No ___ If yes, describe _____

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.

A security deposit and a one year lease are required. Copies of birth certificates will be required for all household members.

I/We certify that all information in this application is true to the best of my/our knowledge and that I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We certify that if accepted for tenancy, this unit will be my/our primary residence and I/we will not maintain a separate subsidized rental unit in a different location.

SIGNATURES:

_____ _____
Applicant Co-Applicant

_____ _____
Date Signed Date Signed

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE DECKER MANAGEMENT SERVICES, LLC AND ITS STAFF OR AUTHORIZED REPRESENTATIVES 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 THIS PROPERTY MANAGED BY DECKER MANAGEMENT SERVICES, LLC

I/WE ACKNOWLEDGE THE RECEIPT OF THE FOLLOWING DOCUMENTS:

ATTACHMENTS: Things You Should Know About USDA Rural Rental Housing
Notice of Occupancy Rights
(HUD-5380) Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, and Alternate Documentation (HUD-5382)
*New York State Housing Discrimination Disclosure Form

***APPLICANT: Be sure to sign and date the attached NYS Discrimination form. It is a requirement of New York State. Your application will be returned if it is not signed.**

SIGNATURES:

_____	_____
Applicant	Co-Applicant
_____	_____
Date Signed	Date Signed

_____
Signature of Person Filling Out
Form for Tenant

*RACE/NATIONAL ORIGIN: COMPLETION OF THIS SECTION IS OPTIONAL

*The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

APPLICANT #1
Ethnicity:
___Hispanic or Latino
___Not Hispanic or Latino
Race: (Mark one or more)
___American Indian/Alaska Native
___Asian
___Black or African American
___Native Hawaiian or other Pacific Islander
___White
Gender:
___Male ___Female

APPLICANT #2
Ethnicity:
___Hispanic or Latino
___Not Hispanic or Latino
Race: (Mark one or more)
__American Indian/Alaska Native
__Asian
___Black or African American
___Native Hawaiian or other Pacific Islander
__White
Gender:
___Male ___Female

APPLICANT #3
Ethnicity:
___Hispanic or Latino
___Not Hispanic or Latino
Race: (Mark one or more)
___American Indian/Alaska Native
___Asian
___Black or African American
___Native Hawaiian or other Pacific Islander
___White
Gender:
___Male ___Female

APPLICANT #4
Ethnicity:
___Hispanic or Latino
___Not Hispanic or Latino
Race: (Mark one or more)
__American Indian/Alaska Native
__Asian
___Black or African American
___Native Hawaiian or other Pacific Islander
__White
Gender:
___Male ___Female

Unlawful discrimination. "This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

Non-Smoking Application Addendum

Property: _____

In order to protect the health of our residents and employees, this facility has been designated a **smoke-free campus**. That means that there is no smoking anywhere on the property by anyone, including tenants, guests, employees, vendors or contractors.

Do you understand our smoking policy and agree to adhere to it should your application be approved and you are accepted for residency?

_____Yes _____No

(If no, please understand that you cannot be accepted for occupancy since you are not willing to abide by the terms and conditions of the Lease Agreement.)

I understand the smoking policy and agree to abide by it if my application is approved.

_____ _____

Applicant Signature Date

New York State
Department of State, Division of Licensing Services
(518) 474-4429
www.dos.ny.gov

New York State
Division of Consumer Rights
(888) 392-3644

New York State Housing Discrimination Disclosure Form

For more information on Fair Housing Act rights and responsibilities please visit https:dhr.ny.gov/fairhousing and https://www.dos.ny.gov/licensing/fairhousing.html.

This form was provided to me by **BRENDA S. DECKER** (print name of Real Estate Salesperson/Broker)

of **DECKER MANAGEMENT SERVICES, LLC** (print name of Real Estate company, firm or brokerage)

(I)(We) _____

(Real Estate Consumer/Seller/Landlord) acknowledge receipt of a copy of this disclosure form:

Real Estate Consumer/Seller/Landlord Signature_____Date:_____

NEW YORK STATE OF OPPORTUNITY. | **Division of Licensing Services**

New York State
Department of State, Division of Licensing Services
(518) 474-4429
www.dos.ny.gov

New York State
Division of Consumer Rights
(888) 392-3644

New York State Housing Discrimination Disclosure Form

Federal, State and local Fair Housing Laws provide comprehensive protections from discrimination in housing. It is unlawful for any property owner, landlord, property manager or other person who sells, rents or leases housing, to discriminate based on certain protected characteristics, which include, but are not limited to **race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status.** Real estate professionals must also comply with all Fair Housing Laws.

Real estate brokers and real estate salespersons, and their employees and agents violate the Law if they:

- Discriminate based on any protected characteristic when negotiating a sale, rental or lease, including representing that a property is not available when it is available.
- Negotiate discriminatory terms of sale, rental or lease, such as stating a different price because of race, national origin or other protected characteristic.
- Discriminate based on any protected characteristic because it is the preference of a seller or landlord.
- Discriminate by "steering" which occurs when a real estate professional guides prospective buyers or renters towards or away from certain neighborhoods, locations or buildings, based on any protected characteristic.
- Discriminate by "blockbusting" which occurs when a real estate professional represents that a change has occurred or may occur in future in the composition of a block, neighborhood or area, with respect to any protected characteristics, and that the change will lead to undesirable consequences for that area, such as lower property values, increase in crime, or decline in the quality of schools.
- Discriminate by pressuring a client or employee to violate the Law.
- Express any discrimination because of any protected characteristic by any statement, publication, advertisement, application, inquiry or any Fair Housing Law record.

YOU HAVE THE RIGHT TO FILE A COMPLAINT

If you believe you have been the victim of housing discrimination you should file a complaint with the New York State Division of Human Rights (DHR). Complaints may be filed by:

- Downloading a complaint form from the DHR website: www.dhr.ny.gov;
- Stop by a DHR office in person, or contact one of the Division's offices, by telephone or by mail, to obtain a complaint form and/or other assistance in filing a complaint. A list of office locations is available online at: https://dhr.ny.gov/contact-us, and the Fair Housing HOTLINE at (844)-862-8703.

You may also file a complaint with the NYS Department of State, Division of Licensing Services. Complaints may be filed by:

- Downloading a complaint form from the Department of State's website https://www.dos.ny.gov/licensing/complaint_links.html
- Stop by a Department's office in person, or contact one of the Department's offices, by telephone or by mail, to obtain a complaint form.
- Call the Department at (518) 474-4429.

There is no fee charged to you for these services. It is unlawful for anyone to retaliate against you for filing a complaint.

USDA Rural Development

Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - –Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - –Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - –Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - –Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - –Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - –Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.
- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of $100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	**A complaint may be filed with the owner/management if:**
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

Property: Star Lake Housing

Notice of Occupancy Rights under the Violence Against Women Act[1, 2]

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.[1] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Star Lake Housing** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under **Star Lake Housing**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Star Lake Housing**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Star Lake Housing** 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

Star Lake Housing 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 **Star Lake Housing** chooses to remove the abuser or perpetrator, **Star Lake Housing** 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, **Star Lake Housing** 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 housing program covered by VAWA, or, find alternative housing.

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

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

Moving to Another Unit

Upon your request, **Star Lake Housing** 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, **Star Lake Housing** 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.

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

The Star Lake Housing emergency transfer plan provides further information on emergency transfers, and **Star Lake Housing** must make a copy of its emergency transfer plan available to you if you ask to see it. **Star Lake Housing** 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 **Star Lake Housing** must be in writing, and **Star Lake Housing** 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. This RD Property 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 this **Star Lake Housing** as documentation. It is your choice which of the following to submit if **Star Lake Housing** 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 **Star Lake Housing** 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 **Star Lake Housing** has agreed to accept.

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

If **Star Lake Housing** 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), **Star Lake Housing** 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, **Star Lake Housing** does not have to provide you with the protections contained in this notice.

Confidentiality

Star Lake Housing 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.

Star Lake Housing must not allow any individual administering assistance or other services on behalf of **Star Lake Housing** (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.

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

- You give written permission to Mettowee Valley Apartments to release the information on a time limited basis.
- **Star Lake Housing** 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 **Star Lake Housing** or your landlord to release the information.

VAWA does not limit **Star Lake Housing** 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, **Star Lake Housing** 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 **Star Lake Housing** 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 **Star Lake Housing** can demonstrate the above, **Star Lake Housing** should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

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

Non-Compliance with The Requirements of This Notice
You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **U.S. Department of Housing and Urban Development, Jacob K. Javits Federal Bldg., 26 Federal Plaza, Room 3541, New York, NY 10278-0068**.

For Additional Information
You may view a copy of HUD's final VAWA rule at **www.federalregister.gov/documents/2014/10/20/2014-24284/violence-against-women-act**.

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

For questions regarding VAWA, please contact **DECKER MANAGEMENT SERVICES, LLC**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact the **New York State Office for the Prevention of Domestic Violence at 1-800-942-6906.**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

For help regarding sexual assault, you may contact **NYS Police, 911**.
Victims of stalking seeking help may contact **NYS Police, 911**.

Attachment: Certification form HUD-5382 **(Attached)**.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development

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

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

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

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

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

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

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

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

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

2. **Name of victim:** _____

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

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

_____

5. **Residence of victim:** _____

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

_____

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

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

_____

10. **Location of incident(s):** _____

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

_____

_____

_____

_____

_____

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

Signature _____Signed on (Date) _____

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