SNOW BELT HOUSING
(315)-376-2639
7500 SOUTH STATE STREET, LOWVILLE, NY 13367

E-mail: courtney@snowbelt.org
Phone: 315-531-4968 ext 102

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

APPLICANT: _____ **PHONE NUMBER**: _____

Snow Belt Housing Company, Inc. manages several housing projects located on scattered sites throughout Lewis County. To request placement on any of our waiting lists, PLEASE CHECK YOUR CHOICES OR CHOICES BELOW:

	PROPERTY NAME	ADDRESS	# OF BEDROOMS
☐	CENTER STREET	4107 CENTER STREET, LYONS FALLS, NY 13368	6 APARTMENTS | 1 BEDROOM UNITS
☐	DOMINGO HOUSE	7440-7442 SOUTH STATE STREET, LOWVILLE, NY 13367	2 APARTMENTS | 4 BEDROOM UNITS
☐	ELM STREET APARTMENTS	5481 ELM STREET, LOWVILLE, NY 13367	2 APARTMENTS | 2 BEDROOM UNITS 1 APARTMENT | 3 BEDROOM UNITS
☐	MILLCREEK	7442 WATER STREET, LOWVILLE, NY 13367 7442 WATER STREET, LOWVILLE, NY 13367	5 APARTMENTS | 2 BEDROOM UNITS 5 APARTMENTS | 3 BEDROOM UNITS
☐	SUNBURST	9945 STATE ROUTE 12, COPENHAGEN, NY 13626	2 APARTMENTS | 3 BEDROOM UNITS
☐	PINECREST MANOR	2969 CATARACT STREET, COPENHAGEN, NY 13626	2 APARTMENTS | 1 BEDROOM UNITS 2 APARTMENTS | 2 BEDROOM UNITS

Before we can process your application, it is necessary that you provide the correct legal name for each member of your household as it appears on the social security card, addresses, social security numbers, income and assets. List the tenant first, co-tenant second and other members of the household third, etc. If you are unable to fill out this application, someone may fill it out for you. That person must sign the last page as the person whose handwriting appears on the form.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.
Complaints of discrimination may be filed with:
USDA, Director, Office of Civil Rights,
1400 Independence Ave S.W.,
Washington DC 20250-9410
or call (800) 795-3272 (voice) or (202) 720-6382 (TDO)
OR
U.S. Department of Housing and Urban Development (HUD)
26 Federal Plaza, Room 3532
New York, New York 10278-0068
or call 800 669 9777 (TTY: 800 927 9275)

SNOW BELT HOUSING
(315)-376-2639
7500 SOUTH STATE STREET, LOWVILLE, NY 13367

E-mail: information@snowbelt.org
Phone: 315-376-7376

SNOW BELT REGULAR APARTMENTS

Required Documentation

The following documents are required along with your complete application.
WE WILL MAKE COPIES OF YOUR ORIGINAL DOCUMENTS.

1. Complete and signed application. *Each adult member in the household must sign.*
2. Signed consent form. Release and Background Documents. *Each adult member in the household must sign.*
3. Proof of income: recent pay-stubs (8 consecutive weeks) for all adult household members. *Must show year to date.*
4. Proof of other income: Including, but not limited to: Notice of Benefit/Award Letter for Social security, child support, pension, alimony, unemployment benefits, public assistance (TANF, HEAP, SNAP, cash assistance) etc.
5. Proof of assets: Including but not limited to: stocks, bonds, IRA, 401K, CD etc.
6. Most recent checking saving account information (3 months).
7. Most recent Income Tax Returns, signed copy from each adult member in the household
8. Most Recent W2's. Each adult member in the household.
9. Proof of Identity:
    a. Birth certificates for all children living in the household
    b. Social security cards for everyone living in the household
    c. Driver's License or photo ID for all adult members in the household

PLEASE NOTE:
Documents will be kept confidential.
To determine eligibility, background checks will be completed on all individuals.
Tenants are required to provide updated income documentation **every year** for recertification.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.
Complaints of discrimination may be filed with:
USDA, Director, Office of Civil Rights,
1400 Independence Ave S.W.,
Washington DC 20250-9410
or call (800) 795-3272 (voice) or (202) 720-6382 (TDO)
OR
U.S. Department of Housing and Urban Development (HUD)
26 Federal Plaza, Room 3532
New York, New York 10278-0068
or call 800 669 9777 (TTY: 800 927 9275)

If your application was rejected and you do not agree with the decision, you may send a written complaint to:
Snow Belt Housing Company, Inc. 7500 S State Street, Lowville, NY 13367Attn: Executive Director.

SNOW BELT HOUSING
(315)-376-2639
7500 SOUTH STATE STREET, LOWVILLE, NY 13367

Regular Rental Application

Date: _____

Name of Applicant: _____ **Phone #:** _____
Current Address: _____

Dates Resided ___/___/_____ to ___/___/_____ Current Rent: _____ Utilities Included: _____
Reason For Moving: _____
Landlord Name: _____ Landlord Phone Number: _____

Rental History

Previous Address: _____
Dates Resided ___/___/_____ to ___/___/_____ Rent: _____ Utilities Included: _____
Reason For Moving: _____
Landlord Name: _____ Landlord Phone Number: _____
Previous Address: _____
Dates Resided ___/___/_____ to ___/___/_____ Rent: _____ Utilities Included: _____
Reason For Moving: _____
Landlord Name: _____ Landlord Phone Number: _____

Household Information

Head of Household Name: _____ Alias's/ Maiden Name _____
DOB ___/___/___ Social Security #: _____ Drivers License #: _____
Disabled or Handicapped _____ 60 or Over ___ Source of Income: _____ Monthly Income: _____
Employer Name & Address: _____ How Long? ____

HH Member #2 Name: _____ Relation to Applicant: _____
DOB ___/___/___ Social Security #: _____ Drivers License #: _____
Disabled or Handicapped _____ 60 or Over ___ Source of Income: _____ Monthly Income: _____
Employer Name & Address: _____ How Long? ____

HH Member #3 Name: _____ Relation to Applicant: _____
DOB ___/___/___ Social Security #: _____ Drivers License #: _____
Disabled or Handicapped _____ 60 or Over ___ Source of Income: _____ Monthly Income: _____
Employer Name & Address: _____ How Long? ____

HH Member #4 Name: _____ Relation to Applicant: _____
DOB ___/___/___ Social Security #: _____ Drivers License #: _____
Disabled or Handicapped _____ 60 or Over ___ Source of Income: _____ Monthly Income: _____
Employer Name & Address: _____ How Long? ____

HH Member #5 Name: _____ Relation to Applicant: _____
DOB ___/___/___ Social Security #: _____ Drivers License #: _____
Disabled or Handicapped _____ 60 or Over ___ Source of Income: _____ Monthly Income: _____

General Questions

Are you receiving housing assistance? _____ If not are you on the waiting list?_____

Are you current with your utility companies? _____ If not how much is in collection?_____

Electric Company Name _____ Account Number _____

Heat Company Name _____ Account Number _____

Do you have any pets? _____ Type _____Does anyone smoke? _____

Vehicle 1: Year _____ Make _____ Model _____

Color _____ Plate # _____ HH Member: _____

Vehicle 2: Year _____ Make _____ Model _____

Color _____ Plate # _____ HH Member: _____

Military Status _____If So Whom: _____

Has anyone in the household been convicted of a felony: _____

Has anyone in the household been convicted of sale, distribution, or possession of illegal drugs? _____

_____

Type of Apartment Desired

Number of Bedrooms _____ Upper or Lower Apartment _____ Location: _____

Amount of Rent you can afford? _____ Do you need a Handicapped Accessible unit?_____

Character References

Please list two character references (Cannot be relatives):

1. Name: _____ Relationship: _____ Phone # _____

Address: _____

2. Name: _____ Relationship: _____ Phone # _____

Address: _____

Credit References

Please list two credit references (Example- National Grid, Frontier, Time Warner Cable, AT&T)

1. Name: _____ Address: _____ Phone # _____

2. Name: _____ Address: _____ Phone # _____

Emergency Contact

Emergency Contact: _____ Relationship: _____

Address: _____ Phone # _____

Name of Nearest Relative: _____ Address: _____

Phone # _____ Relationship: _____

Referred to us by: _____

I/WE HEREBY CERTIFY THE INFORMATION PROVIDED TO BE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE DO HEREBY AUTHORIZE SNOW BELT HOUSING COMPANY, INC., 7500 SOUTH STATE STREET LOWVILLE NY 13367 AND ITS STAFF OR AUTHORIZED REPRESENTATION 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 SNOW BELT HOUSING COMPANY, INC.

My signature acknowledges that I have received the following handouts along with this application:
- **Know Your Rights: Credit**
- **Know Your Rights: Criminal Justice**
- **Notice of Occupancy Rights under the Violence Against Women Act- HUD Form 5380**
- **VAWA Certification - HUD Form 5382**

_____

Applicant Signature Date

_____

Co-Applicant Signature Date

Packet must also include **Authorization for the Release of Information** and **Criminal Record Release Form.**

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.

NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

ANDREW M. CUOMO
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

Know Your Rights: New York State's Credit Policy for Applicants to State-Funded Housing

A housing provider/landlord cannot automatically deny your application to state-funded rental housing based solely on your credit score or history. **If you have a low credit score or negative credit history, you must be provided with the opportunity to present additional information to explain or refute the findings.**

What is the policy?

- You **CAN** avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months.
- You **CANNOT** be rejected because of your credit score or credit history if:
  - Your FICO credit score is 580 or above (or 500 if you are homeless),
  - You have limited or nonexistent credit history,
  - Rent subsidies pay your entire rent,
  - Your credit score or credit history is a direct result of a Violence Against Women Act (VAWA)-covered crime (like domestic violence, stalking or harassment), or
  - You have a history of bankruptcy or outstanding debt but present evidence of on-time rental payments over the past 12 months.
- You **CANNOT** be rejected based on:
  - Medical debt or student loan debt.
  - Bankruptcies that occurred over 1 year ago.
  - Unpaid debt that is less than $5,000.
  - A past eviction or housing court history.
  - Limited or no rent or credit history.

What are my rights?

- Housing providers must accept evidence that you paid your last 12 months rent in full and on time instead of requiring a credit check.
- Housing providers may only reach out to your current or previous landlord without your permission to obtain information on major lease violations.
- Housing providers are limited in the fees that they can charge you:
  - A housing provider cannot charge you a credit or background check fee if you provide one to them that was run within the last 30 days.
  - A housing provider may not charge you more than $20 or the actual cost (whichever is less), to run both a credit check and a background check.
- *Before* rejecting your application based on your credit report, you must be given 14 days to present evidence of circumstances that explain negative credit findings such as such as errors in the credit report and short-term periods of unemployment/illness.
- If you are denied, you must be told why and you must be provided with a copy of your credit report and background check.

Find more information about your rights when applying to state-funded housing, including if you have a criminal convictions, here: https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies

NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

KATHY HOCHUL
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 Right's 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@nyshcr.org for assistance. More information is available here: https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies

SNOW BELT HOUSING COMPANY, INC.

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

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.[2] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **SNOW BELT HOUSING COMPANY, INC.** 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 **SNOW BELT HOUSING COMPANY, INC.,** 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 **SNOW BELT HOUSING COMPANY, INC.,** 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 **SNOW BELT HOUSING**

[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.

COMPANY, INC. 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

HP 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.

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 the **HUD Buffalo Field Office at 1-716-551-5755.**

For Additional Information

You may view a copy of HUD's final VAWA rule at November 16, 2016 at HUD regulations (81 Fed. Reg. 80724).

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

For questions regarding VAWA, please contact **SNOW BELT HOUSING COMPANY, INC. Property Manager at 315-376-7376.**

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 **Lewis County Opportunities; Victim Services 24-hour crisis confidential hotline 315-376-HELP (4357)**.

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

Victims of stalking seeking help may contact **Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 1-800-656-HOPE, or visit the online at https://hotline.rainn.org/online.**

Attachment: Certification form HUD-5382.

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

U.S. Department of Housing and Urban Development

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

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

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

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

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

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

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

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

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

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

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

2. **Name of victim:** _____

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

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

_____

5. **Residence of victim:** _____

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

_____

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

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

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

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

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

Signature _____Signed on (Date) _____

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

AUTHORIZATION FOR RELEASE OF INFORMATION

INFORMED CONSENT

I authorize and direct any Federal, State, or Local Agency, Organization, Business, or Individual to release to Snow Belt Housing Company, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

* Section 221 BHIR	* Rent Assistance Payments (RAP)	*USDA	*DHCR
* Rent Supplement	* Section B Housing Assistance Payments Programs	* Section 236	*AHC
* HCR	* Emergency Solutions Grant	*CDBG	

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding myself or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

* Identity	*Social Security Number(s)	* Marital Status
* Rental Activity	* Medical Expenses	*Child Care Allowances
* Credit History	*Criminal Background	* Employment, Income, Assets

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information on (depending on program requirements) include but are not limited to:

* Previous Landlords and Public Housing Agencies (PHA)		* Past and Present Employers
* Credit Providers/Credit Bureaus		* Social Security Administration
* Support and Alimony Providers		* Medical and Child Care Providers
* Welfare Agencies		* Banks and other Financial Institutions
* Veterans Administration	* Retirement Systems	* State Unemployment Agencies
* Schools and Colleges	* Utility Companies	* Post Offices

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or a PHA may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U. S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

AUTHORIZATION FOR RELEASE OF INFORMATION (CONT.)

CONDITIONS

I agree that a photocopy of this authorization may be for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

NOTE: *This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506 "Request for copy of Tax Form" must be prepared and signed separately.*

PARTICIPANT ACKNOWLEDGEMENT

Signature	(Print Name)	Date
Signature	(Print Name)	Date

STAFF WITNESS SIGNATURE

Signature	(Print Name)	Date

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.
Complaints of discrimination may be filed with:
USDA, Director, Office of Civil Rights,
1400 Independence Ave S.W.,
Washington DC 20250-9410
or call (800) 795-3272 (voice) or (202) 720-6382 (TDO)
Online: http://www.ascr.usda.gov/complaint_filing_cust.html

OR

U.S. Department of Housing and Urban Development (HUD)
26 Federal Plaza, Room 3532
New York, New York 10278-0068
or call 800 669 9777 (TTY: 800 927 9275)

CRIMINAL RECORD RELEASE FORM

Applicant(s)/Tenant(s) please complete the following information. Please use your full legal name with middle initial. If your current address is less than five years, please list additional address on back of form.

(A) I, _____ hereby state that I reside at _____ that my date of birth is_____ _____, and that my social security number is _____.

(B) I, _____ hereby state that I reside at _____ _____ that my date of birth is _____ _____, and that my social security number is _____.

I am an applicant for housing with one of Snow Belt Housing Company, Inc.'s managed properties. A question for Snow Belt's tenant selection criteria concerns the existence of a criminal record. I hereby waive the right to privacy, to which I am otherwise entitled, and consent that any record of a criminal conviction pertaining to me be released to the Snow Belt Housing Company, Inc. employees and/or its authorized representatives.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

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Existence of a Criminal Record to be verified by local, state and/or county law enforcement:

Does the applicant(s)/tenant(s) have a criminal record? _____

If yes, please describe _____

_____

Does the applicant(s)/tenant(s) possess a felony conviction? _____

Has the applicant(s)/tenant(s) ever been involved in any illegal drug activity? _____

Were the applicant(s)/tenant(s) ever convicted of any drug related offense(s)? _____