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

SNOW BELT APARTMENTS

Required Documentation:

E-Mail: courtney@snowbelt.org
Phone: (315) 531-4968 ext. 102

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 Identity:
   a. Birth Certificates for all members of household.
   b. Social Security cards for all members of household.
   c. Driver's License or photo ID for all adult members of household.
4. Proof of Income: recent paystubs (8 consecutive weeks) for all adult household members. (Must show Year to Date)
5. 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.
6. Proof of assets: Including but not limited to: 3 months most recent checking and/or savings account statements, stocks, bonds, IRA, 401K, CD, etc.
7. Most recent Income Tax Returns, signed copy from each each adult member in the household.
8. Most recent W-2's for all adult members of household.

PLEASE NOTE:

- Documents will be kept confidential.
- To determine eligibility, background checks will be complete 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 13367 Attn: Executive Director

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

HUD & USDA HOUSING APPLICATION

If you are interested in renting an apartment at Valley View Courts or Steepleview Courts, please complete this entire application packet; for any other property, only complete pages 1-15. Applicants must meet income qualifications and either be a senior citizen or an adult with a disabling condition.

- ☐ MCNEIL PARK APARTMENTS (COPENHAGEN, NY)
- ☐ HIGH FALLS APARTMENTS (LYONS FALLS, NY)
- ☐ VALLEY VIEW COURTS (LOWVILLE, NY)
- ☐ STEEPLEVIEW COURTS (CROGHAN, NY)
- ☐ HARRIS COURTS (HARRISVILLE, NY)

SBHCI Complete Rental Application Documents:

- Property/Applicant Information (Page 2)
- Section A: List of all persons residing in the household (Page 3)
- Section B: Income Declaration (Page 3)
- Section C: Property Declaration (Page 4)
- Section D: Asset Declaration (Page 4)
- Section E: Medical Allowances (Page 5)
- Section F: Program Information (Page 5)
- Section G: Criminal History (Page 6)
- Section H: Reference Information (Page 6-7)
- Section I: Additional Information (Page 7)
- Section J: Acknowledgements, Authorizations, and Certifications (Page 7-9)
- Section K: Criminal Record Release (Page 10)
- Section L: Authorization for Release of Information (Page 11-12)
- Section M: Penalties of Misusing Consent Notice (Page 13)

HANDOUTS *applicants must sign to acknowledge*

- USDA - Regs: Things You Should Know Handout
- Know Your Rights: Credit
- Know Your Rights: Criminal Justice

Signature Date

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

OFFICE USE ONLY:

Staff Initials: _____
Date Received: _____
Time Received: _____

Snow Belt Housing Company, Inc. is the managing agent for five elderly/disabled housing projects. Each project has a separate waiting list. To request placement on any of our waiting lists, please check your choice(s) below:

- ☐ MCNEIL PARK APARTMENTS (COPENHAGEN, NY)
- ☐ HIGH FALLS APARTMENTS (LYONS FALLS, NY)
- ☐ VALLEY VIEW COURTS (LOWVILLE, NY)
- ☐ STEEPLEVIEW COURTS (CROGHAN, NY)
- ☐ HARRIS COURTS (HARRISVILLE, NY)

The policy of the Snow Belt Housing Company, Inc. is to conduct business in accordance with applicable fair housing laws. We do not discriminate against any person because of race, color, national origin, religion, sex, disability, familial status, sexual orientation, gender identity, or marital status.

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.

APPLICANT: _____ **PHONE:** _____

PRESENT ADDRESS: _____

E-MAIL ADDRESS: _____

If less than five years at your current address, list other addresses on a separate page and include it with your application.

Have you ever lived in another state? ____ Yes ____ No

If you have, list what state or states: _____

A. LIST ALL MEMBERS OF THE HOUSEHOLD:

NAME:	DATE OF BIRTH:	SOCIAL SECURITY # :

1. If married (by ceremony or common law) and the spouse is not listed on the application, list his/her name: _____
   a. Where does he/she live? _____
2. Do you have any unusual expenses related to employment, such as care attendant or auxiliary apparatus for a handicapped or disabled family member? ____ Yes _____ No
3. Will any alterations to the apartment be necessary? ____ Yes _____ No

B. INCOME – LIST ALL SOURCES OF INCOME:

NAME:	SOURCE OF INCOME:	AMOUNT:	FREQUENCY:

1. Do you anticipate any changes in this income during the next 12 months?
   ____ Yes ____ No
   a. If yes, explain: _____
2. Does anyone in the household receive any regular contributions or gifts from non-household members? ____ Yes ____ No
   a. If yes, explain: _____
3. Do you expect anyone not listed on the application to move in with you in the future?
   ____ Yes ____ No
   a. If yes, explain: _____

C. PROPERTY:

1. Have you sold any property on a deed of trust or mortgage whereby you are receiving periodic payments? ____ Yes ____ No
   a. If yes, list current outstanding balance of contract: $_____ as of _____
   b. Interest Rate: _____ Payment Amount: _____ Frequency: _____
   c. Please attach an amortization schedule.
2. Does anyone in the household own any property? _____ Yes _____ No
   a. If yes, list type of property: _____ Location: _____
   b. Appraised market value: $_____
   c. Mortgage or outstanding loan(s) balance due: $_____
   d. Please attach a copy of your deed and most recent tax bill.
3. Have you disposed of any assets within the last two years? (Ex. given away money to relatives, set up irrevocable trust accounts) _____ Yes _____ No
   a. If yes, describe asset: _____
   b. Date of disposition: _____ Amount disposed of: $_____
4. Do you have any other assets not listed above? (Excluding personal property)
   ____ Yes ____ No
   a. If yes, describe: _____
5. Do you have ACCESS to any other income or assets not listed? ____ Yes ____ No
   a. If yes, list: _____

D. ASSETS – LIST ALL ASSETS:

NAME:	BANK OR INSTITUTION:	TYPE OF ASSET:	CURRENT BALANCE:	INTEREST RATE:

*Assets include but are not limited to savings, checking, CD, money markets, IRAs, etc.

D. MEDICAL ALLOWANCES:

Indicate on whose behalf medical expenses will be incurred for the next twelve months.

*Medical expenses may include insurance premiums, Medicare premiums, prescriptions, over the counter drugs with proper Dr.'s verification, doctor visits, dentist visits, eye doctors, chiropractors, hospital visits, etc.

NAME:	TYPE OF EXPENSE:	AMOUNT:	FREQUENCY:

Please list names and addresses of all physicians that are seen on a regular basis:

_____

_____

_____

_____

E. PROGRAM INFORMATION

1. Are you applying for status as an "Elderly Household", where the tenant is co-tenant is 62 or older, or disabled as defined by HUD or USDA Rural Development?
   _____ Yes _____ No
2. Would you or anyone in your household benefit from a handicap accessible unit?
   _____ Yes _____ No
3. Do you currently reside in subsidized housing? _____ Yes _____ No
4. Have you ever resided in government subsidized housing prior? _____ Yes _____ No
   a. If yes, name and address: _____
5. Have you ever been evicted from Public Housing or any other Federal Housing Program? _____ Yes _____ No If yes, where and when: _____
6. Have you ever been evicted from other housing? _____ Yes _____ No
7. Are your bills current with your electric company? _____ Yes _____ No
8. Will you be able to establish an account with National Grid? _____ Yes _____ No
9. How did you hear about this housing? _____
10. Will you accept an apartment when one becomes available? _____ Yes _____ No
11. Briefly describe your reason for applying: _____
12. Are any adult members of the household a full-time student? _____ Yes _____ No

G. CRIMINAL HISTORY:

1. Have you ever been convicted of a felony offense? _____ Yes _____ No
   a. If yes, please describe conviction(s):

   _____

   _____
2. Are you currently using illegal drugs? _____ Yes _____ No
3. Have you ever been convicted of the sale, distribution, or possession of illegal drugs?
   _____ Yes _____ No
4. Have you or anyone in your household (regardless of age) been arrested, charged or convicted for any of the following:
   a. Violent Criminal Activity _____ Yes _____ No
   b. Alcohol Related Activity _____ Yes _____ No
   c. Manufacture of methamphetamines _____ Yes _____ No
5. Are you subject to the lifetime sex offender registry? _____ Yes _____ No

H. REFERENCE INFORMATION:

LANDLORD (Please list all landlords for the last five years):

1. Name: _____
   Phone Number: _____
   Landlord Address: _____
   Residency Address: _____
2. Name: _____
   Phone Number: _____
   Landlord Address: _____
   Residency Address: _____
3. Name: _____
   Phone Number: _____
   Landlord Address: _____
   Residency Address: _____

CREDIT

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

PERSONAL REFERENCES (NO RELATIVES):

1. Name: _____
   Phone Number: _____
   Address: _____
2. Name: _____
   Phone Number: _____
   Address: _____

I. ADDITIONAL INFORMATION:

1. Do you have any pets? _____ Yes _____ No
   a. If yes, please describe:

      _____
2. Do you have any vehicles? _____ Yes _____ No
   a. If yes, please list the type, year, make, model, color and license plate number:

_____

J. ACKNOWLEDGEMENTS, AUTHORIZATIONS, AND CERTIFICATIONS:

The below signature acknowledges that I have received the following handouts along with this application:

- HUD Fact Sheet: Fraud and Abuse
- EIV and You (HUD Pamphelt)
- HUD Fact Sheet for Assisted Residents
- USDA - Things You Should Know
- Know Your Rights: Credit
- Know Your Rights: Criminal Justice
- VAWA Handouts (HUD-5380 & HUD-5382)

_____

Applicant Signature Date

_____

Co-Applicant Signature Date

AUTHORIZATION:

I/We do hearby authorize Snow Belt Housing Company, Inc., as managing agent and its staff or authorized representatives to contact any agencies, local police departments, Division of Criminal Justice services, 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 HUD and/or USDA Rural Development 515 housing complex.

_____

Applicant Signature Date

_____

Co-Applicant Signature Date

CERTIFICATION:

- I/We hearby certify that I/we do/will not maintain seperate subsidized unit in a different location.
- I/We further certify that this will be my/our permanent residence.
- I/We understand I/we must pay a security deposit for this apartment.
- I/We understand that my eligibility for housing will be based on HUD and/or USDA Rural Development income limits.
- I/We certify that I/we am/are a U.S. citizen or qualified alien.
- I/We certify that all information within this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and are grounds for denial of this application or termination of tenancy after occupancy.

_____

Applicant Signature Date

_____

Co-Applicant Signature Date

FAMILY HOUSEHOLD COMPOSITION:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service, which tthe 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 provide this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not provide the below information, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

ETHNICITY:

Hispanic or Latino: _____
Not Hispanic or Latino: _____

RACE (Mark one or more):

White: _____
Black or African American: _____
Asian: _____
American Indian/Alaskan Native: _____
Native Hawaiian or Other Pacific Islander: _____

GENDER:

Male: _____
Female: _____
Other: _____

This institution is an equal opportunitiy provider and employer.

If you wish to file a Civil Rights program complaint or discrimination, complete the USDA Program Discrimination Complaint Form, found online at https://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request this form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to 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.

K. 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 existeance 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 release to the Snow Belt Housing Company, Inc. employees and/or its authorized representatives.

MUST PROVIDE WRITTEN SIGNATURE

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY BELOW

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)? _____

L. 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 221BHIR	*RentAssistancePayments (RAP)	*USDA	*DHCR
*Rent Supplement	*Section B Housing Assistance Payments Programs	* Section 236	*AHC
*HCR	*Emergency SolutionsGrant	*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 Landlordsand PublicHousingAgencies(PHA)		*Pastand 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.

L. AUTHORIZATION FOR RELEASE OF INFORMATION (CONT.)

CONDITIONS

Iagreethat 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 Provider and Program.
In accordance with Federal Law and U.S. Department of Agricultural (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal.

Complaints of discrimination may be filed by contacting:

U.S. Department of Housing and Urban Development (HUD)
Mail: 26 Federal Plaza, Room 3532, New York, New York 10278-0068
Call: 800 669 9777 (TTY: 800 927 9275)
OR
USDA, Director, Office of Civil Rights
Mail: 1400 Independence Ave S.W., Washington DC 20250 9410
Call: (800) 795 3272 or (TDO: 202 720 6382) or (800) 845-6136 (Spanish Federal-relay)
Online: http://www.ascr.usda.gov/complaint_filing_cust.html

M. PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (o r any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7)

VALLEY VIEW COURTS PHASE 1 does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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 sta- tus and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDAplaces a high priority on pre- venting 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 actual- ly 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 informa- tion. USDAmay 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 com- pany 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;

AUTHENTICATED U.S. GOVERNMENT INFORMATION GPO

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 USDAoffice at 1 (800) 670-6553, or write: USDA, STOP0782, 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 termi- nation 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

USDAbelieves 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. USDAencourages 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 meet- ing 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 USDAguidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

Acomplaint may not be filed with the owner/management if:	Acomplaint may be filed with the owner/management if:
USDAhas authorizedapro- posed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
Atenant 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 USDAand/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.
USDAhas required a change in the rules and proper notices have been given.	Atenant 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

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGETCenter at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDAis an equal opportunity provider and employer.

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-fundedrental housing based solely o 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 isthe 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

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 sealedpursuant 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 arreststhatdonot involve physical violence to persons or property, or affected the health, safety andwelfareofothers

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