



Beechwood Apartments

DEVELOPMENT | CONSTRUCTION | MANAGEMENT

54 UNITS AT 150, 156 Ackerman Street; 639 Bay

Street; 19-21, 25, 107-109 Chamberlain Street; 1500, 1506, 1604 E Main Street; 421, 425, 430, 435-437 Garson Avenue; 263 Grand Avenue; 378 Hayward Avenue; 12 Lampson Street; 366 Parsells Avenue; 264-268, 276, 299-303 Webster Avenue, Rochester, NY 14609

Application Due: July 17, 2025

Amenities: community spaces, laundry machines in every apartment, and secure building access

Income Restrictions Apply – No Application Fee – No Broker's Fee

Applicants will *not* be automatically rejected based on credit or most background check info

Priority admissions: Mobility disability (6 units); Hearing/Vision disability (3 units)

Your household must meet these income restrictions:

Unit Size	# Units	Monthly Rent*	Household Size	Household Income**	# Units	Monthly Rent*	Household Size	Household Income**
2 BRs	1	\$969	2	\$27,275-\$41,600	14	\$1,187	2	\$32,725-\$49,920
			3	\$27,275-\$46,800			3	\$32,725-\$56,160
			4	\$27,275-\$51,950			4	\$32,725-\$62,340
			5	\$30,275-\$46,800			5	\$36,575-\$56,160
3 BRs	9	\$1,076	6	\$30,275-\$51,950	10	\$1,328	6	\$36,575-\$62,340
			7	\$30,275-\$56,150			7	\$36,575-\$67,380
			8	\$30,275-\$60,300			8	\$36,575-\$72,360
			9				9	

*Rent includes water, sewer, and internet. Income guidelines & permitted household size are subject to change.

**Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. Asset limits may apply.

Application Due Date: July 17, 2025

Must be postmarked by this date. Sending more than 1 application may disqualify you.

How to Apply:

Request Application By Phone or Email: (833) 455-3273; leasing@homeleasing.net

By Mail or In-Person: Beechwood Family Apartments, 75 South Clinton Avenue, Suite 700, Rochester, NY 14604

Include your address & the name and address of the building where you want to apply.

Lottery Date & Location: July 31, 2025, at 1pm, <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

Meeting ID: 290 623 411 222; **Passcode:** Yq9YK7CQ

The lottery will determine which applications will be reviewed for tenancy



YOU HAVE RIGHTS!

- If you have experienced housing discrimination: <https://dhr.ny.gov/journey-fair-housing> or call 844-862-8703
- Learn about how your credit and background check will be individually reviewed: <https://on.ny.gov/3uNLw4>



ACCESSIBILITY INFORMATION

- 6 units are adapted for mobility impairment
- 3 units are adapted for hearing/vision impairment
- All units are adaptable to be wheelchair accessible
- Reasonable accommodation and modifications may be requested



ESPAÑOL siguiente página ■ 中文 下一页 ■ KREYÒL AYISYEN paj kap vini an ■ 한국어 다음 페이지 ■ [বাংলা] - পরবর্তী পৃষ্ঠা ■ РУССКИЙ Следующая страница ■ POLSZCZYNA następna strona ■ اردو - اگلا صفحہ ■ ITALIANO pagina successiva ■ FRANÇAIS page suivante ■ עברית - עמוד הבא

<p>Español (Spanish)</p> <p>Vivienda asequible disponible Fecha límite de entrega de la solicitud: 17 de julio de 2025 Debe entregarse por internet o por correo postal a más tardar en esta fecha. Si envía más de 1 solicitud podría quedar descalificado. Para Obtener La Solicitud: Por telefono o email: (833) 455-3273; leasing@homeleasing.net Por correo postal o en persona: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 Incluya su dirección y la dirección del edificio en el que quiere presentar la solicitud. Fecha y lugar de la lotería: 31 de julio de 2025, a la 1pm, https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 La lotería determinará cuáles aplicaciones se analizarán para el alquiler</p>	<p>中文 (Simplified Chinese)</p> <p>可提供經濟適用房 申請截止日期: 2025 年 7 月 17 日 請務必在此日期前線上提交申請或透過郵寄提交申請。提交超過 1 份申請將使您失去資格。 申請 透過電話或電子郵件: (833) 455-3273; leasing@homeleasing.net 透過郵寄或當面索取: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 請提供您的地址和您想要申請的建築物地址 抽籤日期和地點: 2025 年 7 月 31 日下午 1 點 https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 - 將透過抽籤決定對哪些租賃申請進行審核</p>
<p>KREYÒL AYISYEN (Haitian Creole)</p> <p>Lojman Pri Abòdab Disponib Dat Delè Aplikasyon an: 17 jiyè 2025 Dwe soumèt sou entènèt oswa nan lapòs nan dat sa a. Voye plis pase 1 aplikasyon ka diskalifye ou. To Get Application: Nan Telefòn oswa Imel: (833) 455-3273; leasing@homeleasing.net Pa Lapòs oswa An-pèsòn: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 Metè adrès ou & adrès bilding kote ou vle aplike a Dat lotri & Andwa: 31 jiyè 2025, a 1 pm, https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 Lotri a ap detèmine ki aplikasyon yo pral revize pou lokasyon</p>	<p>한국어 (Korean)</p> <p>임대 주택 이용 가능 신청서 제출 기한: 2025 년 7 월 17 일 이 날짜까지 온라인 또는 우편으로 제출해야 합니다. 1 건 이상의 신청서 제출 시 실격 처리 됩니다 전화 또는 이메일: (833) 455-3273; leasing@homeleasing.net 우편 또는 내방: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 신청자 주소 및 신청하려는 건물 주소를 포함시키십시오 추첨일 및 추첨 장소: 2025 년 7 월 31 일 오후 1 시, https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 추첨을 통해 입주 심사 대상이 될 신청서를 결정하게 됩니다</p>
<p>[বাংলা] Bengali</p> <p>সাশ্রয়ী মূল্যের হাউজিং আবেদন জমা দেওয়ার শেষ তারিখ: 17 জুলাই, 2025 এই তারিখের মধ্যে অবশ্যই অনলাইনে অথবা মেল-এর মাধ্যমে জমা দিতে হবে। 1 এর অধিক আবেদন জমা করলে আপনাকে অযোগ্য হিসেবে ধরে নেওয়া হবে। ফোন অথবা ইমেলের মাধ্যমে: (833) 455-3273; leasing@homeleasing.net একজন ব্যক্তির অথবা মেল-এর মাধ্যমে: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 আপনি যেখানে আবেদন করতে চান সেখানকার ঠিকানা এবং আপনার বিন্ডিংয়ের ঠিকানা অন্তর্ভুক্ত করুন। লটারির তারিখ এবং অবস্থান: 31 জুলাই, 2025, দোপহর 1 বজা, https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 লটারির মাধ্যমে নির্ধারণ করা হবে যে কোন অ্যাপ্লিকেশনগুলো ভাড়াটের জন্য পর্যালোচনা করা হবে।</p>	<p>Русский язык (Russian)</p> <p>Доступное жилье в наличии Срок подачи заявления: 17 июля 2025 г. Заявление должна быть подана онлайн или по почте к этой дате. Отправка более 1 заявления может дисквалифицировать вас. По телефону или электронной почте: (833) 455-3273; leasing@homeleasing.net По почте или лично: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 Включите ваш адрес и адрес здания, на которое вы хотите подать заявку. Дата и место проведения лотереи: 31 июля 2025 г., 13:00, https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 Лотерея определит, какие заявки будут рассмотрены на предмет аренды.</p>

<p>POLSKI (Polish)</p> <p>DOSTĘPNE MIESZKANIA W PRZYSTĘPNEJ CENIE Termin składania wniosków: 17 lipca 2025 r. Wniosek należy złożyć online. W przypadku wysyłki pocztą, z datą stempla pocztowego do tego dnia. Wysłanie więcej niż 1 wniosku może spowodować dyskwalifikację. Wniosek otrzymasz: Przez telefon lub e-mail: (833) 455-3273; leasing@homeleasing.net Droga pocztową lub osobiście: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 Podaj swój adres oraz adres budynku, którego dotyczy wniosek Data i miejsce loterii: 31 lipca 2025, godz. 13:00, https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 Loteria określa, które wnioski zostaną rozpatrzone pod kątem najmu.</p>	<p>اردو زبان (URDU)</p> <p>سستی رہائش دستیاب ہے 2025 درخواست کی آخری تاریخ: 17 جولائی آن لائن جمع کرنا ضروری ہے، اگر میل کیا جائے تو اس تاریخ تک پوسٹ مارک کیا جائے۔ 1 سے زیادہ درخواست بھیجنا آپ کو نااہل قرار دے سکتا ہے۔ درخواست حاصل کرنے کے لیے: فون یا ای میل سے: (833) 455-3273; leasing@homeleasing.net ڈاک سے یا خود آفس جا کر: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 اپنا پتہ اور عمارت کا پتہ شامل کریں جہاں آپ درخواست دینا چاہتے ہیں لٹری کی تاریخ اور مقام، جولائی 2025، دوپہر 1 بجے 31 : https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 لٹری اس بات کا تعین کرتی ہے کہ کرایہ داری کے لیے کن درخواستوں کا جائزہ لیا جائے گا۔</p>
<p>עברית (Hebrew)</p> <p>צוגענגליכע האויזינג איז אוועילעב אפליקאציע דיר דאטום: 17 יולי 2025 מוז ווערן אריינגעגעבן אנליין, אדער אויב עס ווערט געשיקט דורך די פאסט, געפאסטמארק'ד ביז דעם דאטום. אויב איר שיקט מער פון 1 אפליקאציע קען עס אייד דיסקוואליפצירן. צו באקומען די אפליקאציע: דורך די טעלעפאן אדער אימעיל: (833) 455-3273; leasing@homeleasing.net דורך די פאסט אדער פערזענליך: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 רעכנט אריין אייער אדרעס און די אדרעס פון די געביידע ווא איר ווילט זיך איינגעבן. תאריך ומיקום ההגרלה: 31 ביולי 2025, בשעה 13:00 https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 די לאטערי באשטימט וועלכע אפליקאציעס וועלן ווערן איבערגעקוקט פאר טענענסי.</p>	<p>العربي (Arabic)</p> <p>يتوفر السكن ميسور التكلفة التاريخ المحدد لطلب التقديم: 17 يوليو 2025 يجب أن يتم تقديمه عبر الإنترنت، وفي حالة إرساله بالبريد العادي، يتم ختم البريد بحلول هذا التاريخ. قد يؤدي إرسالك لأكثر من طلب تقديم واحد إلى إلغاء أهليتك. للحصول على طلب التقديم: عبر الهاتف أو البريد الإلكتروني: (833) 455-3273; leasing@homeleasing.net عبر البريد العادي أو بشكل شخصي: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 عليك تضمين عنوانك وعنوان المبنى الذي تريد التقديم للسكن فيه تاريخ انعقاد القرعة ومكانها، يوليو 2025، الساعة 1 ظهراً 31 https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 تُحدد القرعة طلبات التقديم التي ستتم مراجعتها من أجل الإيجار.</p>
<p>ITALIANO (Italian)</p> <p>ALLOGGIO CONVENIENTE DISPONIBILE Data di scadenza della domanda: 17 luglio 2025 Deve essere inviato online o, se spedito, con timbro postale entro tale data. L'invio di più di 1 domanda potrebbe portarti alla squalifica. Per ottenere l'applicazione: Per telefono o e-mail: (833) 455-3273; leasing@homeleasing.net Per posta o di persona: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 Includi il tuo indirizzo e l'indirizzo dell'edificio per cui desideri candidarti Data e luogo della lotteria: 31 luglio 2025, ore 13:00, https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 La lotteria determina quali domande verranno esaminate per l'affitto.</p>	<p>Français (French)</p> <p>LOGEMENT ABORDABLE DISPONIBLE Date limite de dépôt des demandes: 17 juillet 2025 À soumettre en ligne ou, si envoyée par courrier, doit porter un cachet de la poste ne dépassant pas la date limite. Vous pourriez être disqualifié si vous envoyez plus d'une demande. Pour postuler : Par téléphone ou e-mail: (833) 455-3273; leasing@homeleasing.net Par courrier ou en personne: Home Leasing, LLC, 1337 East Main Street Rochester, NY 14609 Indiquez votre adresse et celle de l'immeuble pour lequel vous déposez une demande Date et lieu de la loterie 31 juillet 2025, à 13h, https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1 C'est la loterie qui détermine les demandes qui seront étudiées en vue de la location.</p>

APPLICATION FOR ADMISSION



DISABILITY ACCESSIBLE
EQUAL HOUSING OPPORTUNITY
NON-SMOKING

PLEASE PRINT ALL INFORMATION

PREFERRED NAME _____

DAY PHONE _____ EVENING PHONE _____

ADDRESS _____
Street City State Zip

EMAIL _____

List ALL persons who will live in the apartment. List Head of Household first:

FULL LEGAL NAME	PREFERRED NAME	PRONOUNS	RELATIONSHIP	AGE	BIRTHDATE	SOCIAL SECURITY NUMBER or EQUIVILANT (ITIN etc.)
			Head of Household			
			Co-Head of Household			

INCOME & ASSET INFORMATION

TYPE OF INCOME

GROSS MONTHLY AMOUNTS

TYPE OF ASSET

TOTAL VALUE

Wages
Unemployment
Social Security
Public Assistance
Pensions/Annuity
Disability/SSI
Child Support/Alimony
Section 8 Assistance
Other

HEAD	CO-HEAD
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

Savings Account
Checking Account (s)
Certificates of Deposits (CD's)
Stocks & Bonds
Real Property
Cash (Safe deposit box, etc.)
Any other

HEAD	CO-HEAD
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

Special Requirements (Note that special requirements may extend your wait) _____

Do any household members identify as Limited English Proficiency persons? ☐ Yes ☐ No

*Please complete the attached Language Identification Card to identify your preferred language.

Bedroom Preference Applicants may select multiple options. Bedroom size will be restricted to eligibility, which includes consideration of reasonable accommodations: ☐ 2BR ☐ 3BR ☐ 4BR

Your signature(s) below serves as written permission for Beechwood Apartments to obtain a Criminal Background check. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by both applicants. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Beechwood Apartments may cancel and annul any lease given in reliance upon such information.

☐ I am aware of my right to the following (attached*):

- HCR Notice of Occupancy Rights Under the Violence Against Women Act (https://hcr.ny.gov/system/files/documents/2020/03/doc-la-hcr-model-vawa-occupancy-rights_7.9.2019.pdf)
- HCR Anti-Discrimination Guidance Affecting People with Criminal Histories (<https://hcr.ny.gov/info-justice-involvement>)
- HCR Anti-Discrimination Guide to Applying NYS Credit Policy for Applicants to State-Funded Housing (<https://hcr.ny.gov/KYR-Credit>)
- Paper copies of these are included with this application. Additional copies may be requested from the leasing office, if necessary.

☐ I am aware of my right to request a reasonable accommodation or modification as an individual with disabilities under the Americans with Disabilities Act.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed.

I/We have completed all or part of this application at the request of the applicant(s):

Signature

Date

Signature

Date

Office Use Only:

Date Received _____	Time Received _____
Identification # _____	
Mgr. Comments _____	

PLEASE RETURN THIS FORM TO:

Beechwood Apartments
75 South Clinton Avenue
Suite 700
Rochester, NY 14604
Phone: (833) 455-3273

Application deadline: July 17th, 2025

The lottery will be hosted and recorded through Teams on July 31st, 2025 at 1pm. Link: <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

Meeting ID: 290 623 411 222

Passcode: Yq9YK7CQ

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

Reasonable Accommodations and Modifications

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs. To request a reasonable accommodation or modification, you should contact your property manager by calling **{enter the office phone number}** or by e-mailing **{enter property email address}**. You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related. If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice. Specifically, if you have a physical, mental, or medical impairment, you can request:

- Permission to change the interior of your housing unit to make it accessible;
- Changes to your housing provider's rules, policies, practices, or services;
- Changes to common areas of the building so you have an equal opportunity to use the building.

The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable accommodations and modifications that may be requested under the New York State Human Rights Law include:

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

Required Accessibility Standards

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

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

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

How to File a Complaint

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

Sincerely,

{Name}

{Title}

{Property Name}



Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

You may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

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

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

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

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

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

Moving to Another Unit

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

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

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

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

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

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

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic

violence, dating violence, sexual assault, or stalking, and a description of the incident.

The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you

fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property.

This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

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

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

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

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at FEHO@hcr.ny.gov.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

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

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

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

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

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

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

Attachment: Certification form HUD-5382

**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.