

# Owego Gardens 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** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT Owego Gardens?** \_\_\_\_\_

**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**

	GROSS MONTHLY AMOUNTS	
	HEAD	CO-HEAD
Wages	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Public Assistance	\$	\$
Pensions/Annuity	\$	\$
Disability/SSI	\$	\$
Child Support/Alimony	\$	\$
Section 8 Assistance	\$	\$
Other	\$	\$

	TYPE OF ASSET	
	HEAD	CO-HEAD
Savings Account	\$	\$
Checking Account (s)	\$	\$
Certificates of Deposits (CD's)	\$	\$
Stocks & Bonds	\$	\$
Real Property	\$	\$
Cash (Safe deposit box, etc.)	\$	\$
Any other	\$	\$

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 she will be restricted to eligibility, which includes consideration of reasonable accommodations. Bedroom sizes available (check all that apply): 1 [ ] or 2 [ ]

Your signature(s) below serves as written permission for Owego Gardens to obtain a Criminal and Credit 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, Owego Gardens may cancel and annul any lease given in reliance upon such information.

**LJ 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/iles/documents/2020/03/doc-la-hcr-model-vawa-occupancy-rights\\_7.9.2019.pdf](https://hcr.ny.gov/system/iles/documents/2020/03/doc-la-hcr-model-vawa-occupancy-rights_7.9.2019.pdf))
- HCR New Anti-Discrimination Guidance Affecting People with Criminal Histories (<https://hcr.ny.gov/info-justice-involvement>)
- HCR New Anti-Discrimination Guidance Affecting People with Credit Histories (<https://hcr.ny.gov/KYR-Credit>)
- Paper copies of both of these are included with this application. Additional copies may be requested from the leasing office, if necessary.

**LJ 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:**

**PLEASE RETURN THIS FORM TO:**

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

130A Southside Dr., Owego, NY 13827  
607.223.4014



## 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 or the 12 months prior to the COVID-19 pandemic (March 1, 2019 – March 1, 2020).
- 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 or the 12 months prior to the COVID-19 Pandemic (March 1, 2019 – March 1, 2020).
- You **CANNOT** be rejected based on:
  - Medical debt or student loan debt.
  - Bankruptcies that occurred over 1 year ago.
  - Limited or no rent or credit history.
  - Bankruptcies related to, or debt accrued during the New York State COVID-19 State of Emergency (March 7, 2020 – June 23, 2021) and due to financial hardship caused by the COVID-19 Pandemic.
  - Unpaid debt that is less than \$5,000.
  - A past eviction or housing court history.

### What are my rights?

- Housing providers must accept evidence that you paid your rent in full and on time over the preceding 12 months, or the 12 months prior to the COVID-19 Pandemic (March 1, 2019 – March 1, 2020) 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. If a current or previous landlord presents evidence of a major lease violation, you must be given the opportunity to present evidence of mitigating factors (for example, financial hardship due to the COVID-19 pandemic).
- 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 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-justice-involvement--assessment-policies>



KATHY HOCHUL  
Governor

## Homes and Community Renewal

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. All pending arrests (including those with adjournments in contemplation of dismissal (ACOD));
2. Arrest records that were resolved in your favor;
3. Convictions for offenses committed before you turned 18 years old;
4. Misdemeanor convictions that occurred more than 1 year ago;
5. Felony convictions that occurred more than 5 years ago;
6. Convictions resulting in incarceration/parole supervision, from which you were released more than 1 year ago;
7. Convictions that did not involve physical violence or danger to persons or property, or did not affect the health, safety and welfare of others;
8. Convictions for which you have received a Certificate of Good Conduct or Certificate of Relief from Disabilities that is permanent and covers housing.
9. Youthful offender adjudications;
10. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
11. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
12. Convictions that were excused by pardon, overturned on appeal or vacated;

#### You Cannot Be Asked About 9-12 Above

If a housing provider asks you about them or any pending arrest with an ACOD, you may answer as if the protected arrest, conviction or adjudication never occurred. If you believe you have been discriminated against based on these protections, file a complaint with the New York State Division of Human Rights: <https://dhr.ny.gov/complaint>

#### 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. Evidence about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)
5. Were there mitigating circumstances surrounding the offense that reduce the severity of the offense?

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@hcr.ny.gov](mailto:feho@hcr.ny.gov) for assistance. More information is available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>



# Homes and Community Renewal

## Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>

### 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.<sup>2</sup> 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.

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

<sup>2</sup> 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**

Home Leasing, LLC 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](mailto: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



# Language Identification Tool

This chart is to assist people who do not speak or read English to identify their languages.



**Albanian  
Shqip**

Tregoni me gisht gjuhën tuaj. Do të thërërasim një përktihyes. Përktihyesi do të merret falas për ju.

**Japanese  
日本人**

母国語を示してください。通訳者が呼ばれます。通訳者が無料で提供されます。

**Arabic  
عربي**

أشر إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم الفوري مجاناً.

**Karen  
ကရင်စကား**

မိခင်ဘာသာစကားကို, တာဝတိံသာဘာသာစကားကို, ဟိုဘာသာစကားကိုအသံထွက်နားထောင်ပါ။

**Bengali  
বাংলা**

আপনার ভাষার দিকে নির্দেশ করুন। একজন দোভাষীকে ডাকা হবে দোভাষী আপনি নিখরচায় পাবেন।

**Korean  
한국어**

귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.

**Bosnian  
Bosanski**

Pokažite svoj jezik. Prevodilac će biti pozvan. Prevodilac je obezbijeden bez troškova za vas.

**Nepali  
नेपाली**

आफ्नो भाषातर्फ आँल्याउनुहोस् एक दोभाषेलाई बोलाइनेछ। तपाईंको बिना कुनै खर्चको, एकजना दोभाषे उपलब्ध गराइनेछ।

**Burmese  
မြန်မာ**

သင့်ဘာသာစကားကို ပြည့်ပြပါ။ စကားပြန် ခေါ်ပေးပါမယ်။ သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမယ်။

**Pashto  
پښتو**

خپل ژبې ته اشاره وكړئ. يو ژباړونكي به را و بللي ش. تاشو ته ژباړونكي ويړيا برابر ولي شي.

**Chinese  
中文**

請指認您的語言，以便為 您提供免費的口譯服務。 請指認您的語言，以便為 您提供免費的口譯服務。

**Polish  
Polski**

Proszę wskazać swój język i wezwiemy tłumacza. Tłumacza zapewnimy bezpłatnie.

**Cantonese**

廣東話 广东话

**Chaochow**

潮州話 潮州话

**Fukienese**

福建話 福建话

**Mandarin**

國語 普通话

**Shanghai**

上海話 上海话

**Taiwanese**

台灣話 台湾话

**Toishanese**

台山話 台山话

**Portuguese  
Português**

Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.

**Farsi  
فارسی**

به زبان موردنظر اشاره کنید. ما برای شما مترجم می آوریم. این کار هیچ هزینه ای برای شما نخواهد داشت.

**Russian  
Русский**

Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

**French  
Français**

Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.

**Somali  
Afsoomaali**

Farta ku fiq luqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.

**German  
Deutsch**

Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird gerufen. Dieser Service wird Ihnen kostenlos zur Verfügung gestellt.

**Spanish  
Español**

Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.

**Greek  
Ελληνικά**

Δείξτε τη γλώσσα σας. Θα κληθεί ένας διερμηνέας. Ο διερμηνέας παρέχεται χωρίς χρέωση για εσάς.

**Swahili  
Kiswahili**

Onyesha lugha yako. Ataitishwa mkalimani. Utapewa mkalimani bila ya gharama yoyote kwako.

**Haitian Creole  
Kreyòl**

Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.

**Tagalog  
Tagalog**

Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.

**Hebrew  
עברית**

הצבע על שפתך. אנו ניצור קשר עם מתרגם. המתרגם ניתן ללא עלות מצדך.

**Thai  
ไทย**

ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาสามให้ท่าน การใช้สามไม่ต้องเสียค่าใช้จ่าย

**Hindi  
हिंदी**

अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबन्ध आप पर बिना किसी खर्च के किया जाता है।

**Tibetan  
བོད་སྐད་ལྟོ་སྒྲིག་པ།**

མུ་སྐད་ལྟོ་སྒྲིག་པ་གསུངས་པའི་སྐད་ལྟོ་སྒྲིག་པ་ལྟོ་སྒྲིག་པ་གསུངས་པའི་སྐད་ལྟོ་སྒྲིག་པ་གསུངས་པའི་སྐད་ལྟོ་སྒྲིག་པ།

**Italian  
Italiano**

Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.

**Ukrainian  
Українська**

Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.

**Urdu  
اُردو**

اپنی زبان پر اشارہ کریں اور ایک ترجمان بلا یا جائیگا۔ ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جاتا ہے۔

**Vietnamese  
Tiếng Việt**

Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

**Yiddish  
ייִדיש**

ווי זט אן און ארץ און ער שפראך און מ וועט רופן א דאלמעשער. דער דאלמעשער וועט צוגעשטעלעט אויס, עס וועט איך גארנישט קאסטן.