

PLEASE READ BEFORE COMPLETING:

Application & Tenant Selection Information

Before returning this application, make sure all items are completed in full

If a question does not apply to you, write "N/A"

Please use only one color ink; no pencils or white out

If you make an error, draw a single line through the mistake and initial it

All adult family members must sign on page 6

Providing 3 non-family references is required

We do not accept faxed applications

Failure to follow the directions above will result in removal of your application

Your eligibility will be determined based on the information you provided in this application. You will be notified in writing within 14 business days of turning in your application whether we have accepted or denied your application. If you are denied for any reason, you have the right to an informal hearing with the WHA Executive Director. Once your application is processed, it is your responsibility to keep the WHA updated on any changes in your family composition, phone number(s), change of address, etc. For additional information about the waiting list, eligibility, or screening, please ask to see a copy of our Tenant Selection Plan.

The Watervliet Housing Authority is committed to the nondiscrimination provisions of the Fair Housing Act, Section 504 of the Americans with Disabilities Act (ADA), and all other applicable fair housing laws. If you require assistance in the form of reader, interpreter, large print, or any other accommodation to enable you to fully participate in our housing program, please let us know, and we will assist you to the fullest extent feasible. If you have a mobility impairment and do not have access to our rental office, we can make arrangements to meet you at a different office, your home, or another accessible location.

The Watervliet Housing Authority does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8).



Matthew Ethier
2400 2nd Avenue
Watervliet, NY 12189
(518) 273-4717



Completed applications may be returned directly to the site located at 2400 2nd Avenue between the hours of 8am and 4pm, or may be mailed to the Watervliet Housing Authority at 2400 2nd Avenue, Watervliet, NY 12189. We do not accept faxed applications.

SELECT COMPLEXES:

- ☐ QUINN/HANRATTA
☐ DAY / HILTON / JOSLIN
☐ SECTION 8
☐ VANRENSSELAER VILLAGE



WHA STAFF USE ONLY:

Applicant Name _____
Application No. _____
Date _____ Time _____
Initials _____ Br size _____

GENERAL INFORMATION:

Name (*Head of Household*): _____
Phone (*Mobile*): _____ Phone (*Home*): _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____
Email: _____
Alternate Contact Name: _____ Phone: _____

FAMILY SUMMARY:

Social Security Numbers must be provided for all family members over 18.

First & Last Name of Family Member	Family Composition	D.O.B.	Age	Student? Y/N	Social Security Number
	Head of Household (H.O.H.)				
	2				
	3				
	4				
	5				
	6				

RESIDENCY:

Have you ever lived in the City of Watervliet? ____ Yes ____ No
Where? _____
Have you ever lived in assisted housing? ____ Yes ____ No Where? _____
List all states in which all house hold members have resided _____

HOUSEHOLD SIZE:

Based on your family summary, please select which bedroom size would best accommodate you:

_____ 1 br _____ 2 br _____ 3 br _____ 4 br

HOUSEHOLD INFORMATION: (Required)

Anticipated changes in family composition (*check all that apply*):

_____ None of these apply _____ Pregnancy _____ Adopting a child(ren)

_____ Obtaining sole custody of a child(ren)

Other _____ Date(s) of expected changes _____

Is any household member absent from the home due to (*check all that apply*):

_____ None of these apply _____ Employment _____ Military Service _____ Away at school

_____ Foster Care _____ Permanent confinement to nursing home

Other _____

INCOME: (Required)

Please indicate if your family's source of income is any of the following: **(circle all that apply)**

Wages Social Security SSI/SSD DHS Child Support Pension Welfare

Other _____

Family's GROSS YEARLY income (all working adults) If none, put 0 \$ _____

****Please note that income includes wages, social security, pension(s), social services, child support, etc.
for all household members over 18.****

Have you been awarded Child Support? _____ Yes _____ No *If yes, how much?* _____

Do you receive Food Stamps? _____ Yes _____ No *If yes, how much?* _____

Additional information that will help us to best suit you:

EXPENSES:

What is your current monthly rent? _____ Monthly utility cost? _____ *If none, put 0.*

If you pay utilities, circle those that apply:

HEATING: Gas Oil Electric WATER HEATING: Gas Oil Electric COOKING: Gas Electric

Does anyone outside of your household pay your bills or give you money? _____ Yes _____ No

ASSETS:

List all assets, e.g. real estate, savings accounts, vehicles, etc.

Have you sold any real estate within the last two years? _____ Yes _____ No

Do you have a bank account? _____ Yes _____ No

Name of bank for checking account _____ Account # _____

Name of bank for savings account _____ Account # _____

Do you own a car? _____ Yes _____ No If yes, explain. If no, mark 'n/a'

Model _____ **Make** _____ **Year** _____

CURRENT HOUSING CONDITIONS:

Have you ever been evicted? _____ Yes _____ No Why? _____

Have you ever been evicted from any assisted housing? _____ Yes _____ No

Where? _____ Why? _____

Do you have any pets? _____ Yes _____ No How Many? _____

REFERENCES: (Required)

Provide 3 non-family references

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Mother's Name _____ Address _____ Phone _____

Father's Name _____ Address _____ Phone _____

MISC:

Have you or anyone on this application ever been convicted of a crime other than a minor traffic violation?

_____ Yes _____ No *If yes, explain* _____

Failure to answer the question above OR upon a criminal background check, if it is found that you have been convicted of a crime and you failed to indicate this, your application will be denied and deemed untruthful.

Is any household member currently engaging in the use of illegal substances? *(This is a federally subsidized program, and regardless of state laws, marijuana is illegal by federal law.)* _____ Yes _____ No

Is the use or abuse of any illegal substances, or alcohol abuse, by any household member likely to disturb the right to peaceful enjoyment of the property by other residents, interfere with staff or management, or damage property? _____ Yes _____ No

Have you or anyone on this application been required to register as a State Lifetime Sex Offender registration in any state? _____ Yes _____ No *If yes, explain* _____

Do you or any member of your household have any pending criminal matters?

_____ Yes _____ No *If yes, what?* _____

Have you or anyone in the household committed any fraud in a Federal Assistance Program or been requested to repay money for knowingly misrepresenting information for such housing programs?

_____ Yes _____ No *If yes, explain* _____

Have you or any adult family member ever used any name(s) or Social Security Number(s) other than the one that you are currently using? _____ Yes _____ No *If yes, explain* _____

Have you ever applied for or do you currently have a section 8 voucher? _____ Yes _____ No

How did you hear about the Watervliet Housing Authority? _____

‘Section 1001, Title 18, U.S.C.,’“Fraud and False Statements”, provides, among other things, that who-ever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.’

LANDLORDS/PREVIOUS HOUSING:

Have you ever had a landlord? _____ Yes _____ No **If yes, skip to section below.**

If no, where did you reside?

Date: From _____ To _____

Address _____

Reason for leaving _____

LANDLORDS/PREVIOUS HOUSING:

List your landlords for the past FIVE years, including present. List all that apply, then write 'n/a' on all other lines.

Date: From _____ To _____ Landlord Name _____

Landlord Address _____ Landlord Phone _____

Your Address _____

Reason for leaving _____

Date: From _____ To _____ Landlord Name _____

Landlord Address _____ Landlord Phone _____

Your Address _____

Reason for leaving _____

Date: From _____ To _____ Landlord Name _____

Landlord Address _____ Landlord Phone _____

Your Address _____

Reason for leaving _____

Date: From _____ To _____ Landlord Name _____

Landlord Address _____ Landlord Phone _____

Your Address _____

Reason for leaving _____

**This document must be signed by all household
members over the age of 18**

I understand that this is not a contract and does not bind either party. The information provided is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. A letter will be sent to me as proof that I filed an application within 14 days. I must keep this letter for my records. Also, every year, I will be sent a letter to return if I am still interested. I must return this letter by the date assigned or my application will be removed. I understand that I am required to inform the WHA of any changes in income, address, phone number or family composition.

I/we _____, _____, _____ do hereby authorize a
Head of Household Spouse/other adult over 18 Spouse/other adult over 18
review and full disclosure of all consumer records concerning myself and authorize any and all references to verify my past as a tenant or character including counselors, landlords, etc. to the WHA through any agent whether said records are of a public, private or confidential nature. I further release any credit agent and WHA from any and all liability which may be incurred as a result of collecting and supplying the above listed firm with said information. I further grant permission for the WHA to obtain credit records in the event of move-out to obtain information of outstanding rent and or charges.

_____ <i>Head of Household</i>	_____ <i>Date</i>	_____ <i>Spouse/Other adult over 18</i>	_____ <i>Date</i>
_____ <i>Spouse/Other adult over 18</i>	_____ <i>Date</i>	_____ <i>Spouse/Other adult over 18</i>	_____ <i>Date</i>

Please sign the following page and submit with this application.



I acknowledge that upon applying, that the Watervliet Housing Authority has provided HUD Forms 5380 (*Notice of Occupancy Rights under the Violence Against Women Act*) and HUD Form 5382 (*Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation*).

_____ **Head of Household Initials** _____ **Date**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**The following documents are for you to keep-
please detach and save for your own records.**

HUD Forms 5380 (*Notice of Occupancy Rights under the Violence Against Women Act*) and HUD Form 5382 (*Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation*).

For help regarding an abusive relationship, you may call the *National Domestic Violence Hot-line* at 1-800-799-7233. You may also contact the *Office for the Prevention of Domestic Violence* at (518) 457-5800. For help regarding sexual assault, you may contact *Albany County Crime Victim and Sexual Assault Violence Center 24/7* at (518) 477-7716. Victims of stalking seeking help may contact *Albany County Crime Victim and Sexual Assault Violence Center 24/7* at (518) 447-7716.

Definition of a person with a disability as defined by HUD and by 42 U.S.C. Section 423(d)(1)(A)

HUD Definition of a Person with Disabilities

A person with disabilities means:

1. Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. A person with a developmental disability, as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (1) Self-care;
 - (2) Receptive and expressive language;
 - (3) Learning;
 - (4) Mobility;
 - (5) Self-direction;
 - (6) Capacity for independent living;
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. A person with a chronic mental illness, i.e., person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
4. Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability.
NOTE: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 and Section 811 programs. [24 CFR 891.305 and 891.505] <https://www.hud.gov/sites/documents/43503GHSGH.PDF>

ADA Definition of a Person with Disabilities

The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability. The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability.

Watervliet Housing Authority

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

Protections for Applicants

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

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

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

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

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

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

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.

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

Moving to Another Unit

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

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.

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

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

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

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

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

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

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

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

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

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual

assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.

- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

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

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

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

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

VAWA does not limit HP’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

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

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

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

- 1) Would occur within an immediate time frame, and

2) Could result in death or serious bodily harm to other tenants or those who work on the property. If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

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

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **HUD Buffalo, 465 Main Street St #200, Buffalo, NY 14203 or by phone at 716-551-5755.**

For Additional Information

You may view a copy of HUD's final VAWA rule at www.hud.gov

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

For questions regarding VAWA, please contact **Watervliet Housing Authority at 518-273-4717.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Office for the Prevention of Domestic Violence at 518-457-5800.**

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

For help regarding sexual assault, you may contact **Albany County Crime Victim and Sexual Assault Violence Center 24/7 at 518-447-7716.**

Victims of stalking seeking help may contact **Albany County Crime Victim and Sexual Assault Violence Center 24/7 at 518-447-7716.**

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.