

Name: _____ Day Phone: _____ Evening Phone: _____

Address: _____
 Street City State Zip

How long have you resided here? (From) _____ to _____ Reason for moving:?

Previous Address: _____

How long did you resided here? (From) _____ to _____ Reason for moving:?

Does your current housing meet basic standards of health and safety? Yes No

Name of your **PRESENT** Landlord: _____ Phone Number: _____

Address of your **PRESENT** Landlord: _____

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

Race Code: 1-White 2- Black 3-Native Hawaiian/Other Pacific Islander 4-Asian 5-American Indian/Alaska Native

Last Name	First Name	MI	Relationship to Head of Household	Date of Birth	Student	US Citizen	Race (See Code above)	Hispanic / Not Hispanic	Social Security Number
			Head of Household		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

INCOME & ASSET INFORMATION

GROSS MONTHLY AMOUNTS

TOTAL VALUE

TYPE OF INCOME	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 (CDs)	\$	\$
Stocks & Bonds	\$	\$
Real Property	\$	\$
Cash (Safe deposit box, etc)	\$	\$
Any Other	\$	\$

Preference for our fully accessible units will be given to household with at least one member of which is a person with physical disability/traumatic brain injury. Priority will be given to such persons with special needs who have successfully served in the Armed Forces of the United States for a period of at least 6 months, or less if injured during service.

Please check here if you qualify for the above preference Attach DD-214 if available.

Have you or any member of the household ever been convicted of a felony? Yes No

If yes explain:

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes No

Your signature(s) below serves as written permission for Lackawanna Homes to obtain a Consumer Report (credit history) and previous landlord references. Lackawanna Homes may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. 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, Lackawanna Homes may cancel and annul any lease given in reliance upon such information.

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: _____

PLEASE RETURN THIS FORM TO:

Arbor Housing and Development
26 Bridge Street
Corning, NY 14830
Phone: 607-654-7487 Fax: 607-973-2202

Office use Only:

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

Know Your Rights:
Domestic Violence and Federally Assisted Housing
The Violence Against Women Act

Are you a victim of domestic violence, dating violence, sexual assault, or stalking? Do you live in federally assisted housing? **A law called VAWA, the Violence Against Women Act, may help you.**

1. Am I covered by VAWA's housing protections?

VAWA protects victims of domestic violence, dating violence, sexual assault, and stalking. It also covers the victim's immediate family members and other household members (even if they are not related to the victim by blood or marriage). You do not have to be married to or living with the abuser to be protected by VAWA.

VAWA covers the following housing programs:

- Public housing;
- Section 8 Housing Choice Vouchers;
- Section 8 project-based housing;
- Section 202 housing for the elderly;
- Section 811 housing for the disabled;
- Section 236 multifamily rental housing;
- Section 221 (d)(3) Below Market Interest Rate (BMIR);
- HOME;
- Housing Opportunities for People with Aids (HOPWA);
- McKinney-Vento Act programs;
- Rural Development multifamily housing; &
- Low-Income Housing Tax Credit (LIHTC) housing.

2. Does VAWA apply to private, market-rate housing?

No. VAWA does NOT cover private housing that does not receive federal rental assistance. The rights described in this flyer apply only to the above-listed federal housing programs. However, you may wish to contact your local legal aid office to see if there are any state or local laws that can protect you.

3. What rights does VAWA offer?

Rights for victims of domestic violence, dating violence, sexual assault, and stalking include:

- If you are applying for housing, you cannot be denied just because you are a victim.
- You cannot be evicted or lose your federal rental assistance just because violence has been committed against you.
- Acts of violence against you are not considered to be serious or repeated violations of your lease or good cause for evicting you or ending your federal housing assistance.

4. What if I need to get the abuser out of the home?

If someone living in your home used violence against you, the housing authority or your landlord may evict the abuser alone, and let you, your family, and other household members stay in the home. If the federal housing assistance was based solely on the abuser's eligibility, then you and any remaining tenants have the right to prove eligibility for the housing. If you or another household member cannot show eligibility, you must be given reasonable time to prove that you qualify for another federal housing program, or to find new housing.

5. What if I need to move to escape the abuse?

If you have a Section 8 voucher, VAWA states that the housing authority may permit you to move and keep your voucher, even if your lease has not ended.

The federal agencies who run the housing programs listed in Question 1 must adopt emergency transfer plans that housing authorities and landlords of such housing use to allow transfers to other federally assisted housing that is available and safe. Those model plans are generally not yet available, but you should ask the housing authority or landlord to assist you to transfer. You are allowed to transfer if you ask and reasonably believe you are about to be hurt by more violence, or if you have been a victim of sexual assault that occurred on the property up to 90 days before the request.

6. How do I prove that I can use VAWA's protections?

To see if you can use VAWA, the housing authority or your landlord may ask for documentation showing that you are victim of domestic violence, dating violence, sexual assault, or stalking. The housing provider must make this request in writing. There are three ways to show that you are a victim:

- Complete a self-certification form. The form will ask for: your name; the name of your abuser (if known and safe to provide); the abuser's relationship to you; the date, time and place of the violence; and a description of the violence. To get the form, call the housing authority or a legal aid office. In the future, the form may be changed.
- Provide a letter signed by a victim service provider, attorney, or a medical or mental health professional who has helped you with the abuse (also called "third-party documentation"). You must also sign this letter.
- Provide a police report, court record (such as a restraining order), or administrative record.

You can pick any of these three choices. With limited exceptions, a housing provider cannot make you choose any particular one. The housing provider must give you at least 14 business days (weekends and holidays do not count) to provide proof of the violence.

7. What happens if the abuser also submits a certification claiming that he or she is a victim?

If the housing authority or landlord receives documentation with conflicting information, then the PHA or landlord may require you to submit any of the above-mentioned third party documentation to prove your status as a victim of domestic violence, dating violence, sexual assault, or stalking.

8. Can a housing provider share the information I provide about the abuse with others?

No, except in limited cases. The housing authority or landlord cannot give the information you provide about the abuse to others. The information may be shared only if you agree in writing, if it is needed to evict the abuser from the housing, or if disclosure is required by law.

9. Does this mean that a victim of domestic violence, dating violence, sexual assault, or stalking cannot be evicted at all?

No. You can still be evicted for serious repeated lease violations that aren't related to the abuse. The landlord or housing authority must hold you to the same standard as other tenants. The landlord also may be able to evict if there is a real and immediate threat to other tenants if you are not evicted. **If you receive any type of eviction notice, call a legal aid office immediately.**

10. Is the housing authority or landlord required to tell me about VAWA's housing protections?

Yes. VAWA requires each housing authority or landlord to tell applicants and tenants of the VAWA housing protections. The notice, when approved by HUD, must be given along with the self-certification form mentioned in Question 6 at the time an applicant is denied housing or assistance, at the time an applicant is admitted to housing, or when a tenant is notified of eviction or termination. This notice must be in multiple languages. At this time, HUD has not issued this notice.

11. How does VAWA affect other state or local laws that might protect me?

VAWA is federal law. However, VAWA is not intended to replace other federal, state, or local laws that may provide more protections for victims of abuse.

12. Who can help me?

Contact an attorney, domestic violence agency, or fair housing agency to see if VAWA can help you.

**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.