Q & D Mgmt, Inc. c/o Medina Country Estates
510 E. Oak Orchard St.
Medina, NY 14103
(585) 798-8730

www.qanddmanagement.com
TTY: **(800) 662-1220**
NYS TDD RELAY LINE: **711**
Phone: (800) 848-8569

GENERAL INFORMATION REGARDING APPLICATION PROCESS

MEDINA COUNTRY ESTATES are USDA Rural Development apartments. The Management Company follows the rules and regulations of Rural Development. We maintain a waiting list for all applicants. An application is attached. Thank you for your interest in our complex. **This is a smoke-free complex.**

1. **Qualifications:** Family Housing – You must meet income qualifications. First priority for all applicants is given to the very low income level

Income qualifications for this property are:
Very low income for 1 person = **$16,050** adjusted yearly income.
Very low income for 2 people = **$18,360** adjusted yearly income.

2. You MUST complete all questions on the enclosed application and return it with the following items:
   - Verification of Age or Handicap/Disability Requested
   - Copy of drivers' license or photo ID

3. You will be placed on the waiting list according to the date and time we receive a completed application, your income level and your apartment request. You may request upstairs, downstairs or special features for handicap disability.

4. When your application is received in the main office, we will send you a notification via mail. Please keep this information for future reference. ** ***If you change your phone number, address, or income level, please notify our office.*** If you do not accept an apartment when your name comes up on the wait list or if we are unable to contact you due to out of date phone numbers or address, you will be removed from the wait list.

5. Rent is based upon your total household yearly gross income, assets and medical, child care, handicap expenses according to Rural Development Regulations, rent will not be determined until an applicant is called for a pre-rental meeting. **You will pay basic rent OR 30% of your adjusted monthly income, whichever is lower**. A security deposit and a one-year lease are required.

Please keep this coversheet as a reference for you to contact us at the above address and phone.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord/credit/criminal checks. Changes in family income, size, address and phone number must be reported promptly to management in order to properly process your application.

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov."

C/L

Q & D Mgmt, Inc. c/o Medina Country Estates
510 E. Oak Orchard Street
Medina, NY 14103
(585) 798-8730

www.qanddmanagement.com
TTY: **(800) 662-1220**
NYS TDD RELAY LINE: **711**
Phone: (800) 848-8569

Office Use Only
Date Received _____
Time Received _____
Income Level _____
Est. 30%

MEDINA COUNTRY ESTATES, MEDINA, NEW YORK

510 E. Oak Orchard Street
Medina, NY 14103
Phone: (585) 798-8730

This form MUST be completed in your own handwriting. You MUST use the correct legal name for each member of your household as it appears on your social security card. ALL information is kept confidential.

**If you are unable to fill out this application, someone may fill it out for you. That person must sign the last page as the person whose handwriting appears on the form. If you need additional assistance you may contact this office.

1. **Verification**: Read all sections and complete as directed. Please include the following items with this application (*as applicable*):
    1. **Drivers license, Photo ID** and social security card
    2. Elderly Status (62 or Older) - copy of your **social security letter or birth certificate**
    3. Handicapped/Disabled Status - copy of your **SSI or SSD award**, or a statement by a qualified individual. ***The nature of your handicap/disability DOES NOT have to be disclosed.*

ALL BLANKS MUST BE FILLED IN OR MARKED AS N/A NON-APPLICABLE*

Current Address: _____ Home Phone: (____)_____

City, State, Zip: _____ Cell Phone: (____)_____

2. **Household**: List yourself and all persons who will be living in your home:

Name	M/F	Date of Birth	Relation to head of house	Social Security # *For all members*	Are you a US citizen? Or qualified alien?
			Head of Household		Yes / No
			Co-Tenant		Yes / No
			Minor – Member		Yes / No
			Minor – Member		Yes / No
			Minor – Member		Yes / No
			Minor – Member		Yes / No

"This institution is an equal opportunity provider and employer."
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov."

A. Do you expect anyone not listed on this application to be moving in with you in the future?
☐ Yes ☐ No

B. Does ANY household member have any unusual expenses related to employment such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? ☐ Yes ☐ No
if yes, please explain: _____

C. Do you require a handicap accessible unit reasonable accommodation due to disability? ☐ Yes ☐ No

D. Apartment location and bedroom size: **You may indicate more than one**
☐1 Bedroom ☐2 Bedroom ☐3 Bedroom
☐Upstairs ☐Downstairs ☐Handicapped accessible unit

Qualify for bedroom size as follows:
1 person = 1 bedroom apt.
2 people = 1 or 2 bedroom apt.
3-4 people = 2 or 3 bedroom apt.
4-5 people = 3 bedroom apt.

E. In case of emergency, notify: _____
Address: _____ Town: _____ State: ____ Zip: _____
Phone: Home: (___)_____ Work: (___)_____ Cell: (___)_____
Relationship to tenant: _____

F. List year, make, color and license plate # for all vehicles in your household:
Year/Make: _____ Color: _____ License Plate #: _____
Year/Make: _____ Color: _____ License Plate #: _____

G. Does ANY member of your household own any pets: ☐ Yes ☐ No
____Cat #___ / ____Dog #___ / ____Other #___ *If yes*, describe: _____

3. **Real Property**:
Does ANY member of your household own any property? ☐ Yes ☐ No
If Yes, Type of property: _____
Property location: _____
Appraised market value: $_____
Does anyone in the household receive any income from property? ☐ Yes ☐ No
Amount: $ _____

Has ANY member of your household sold or disposed of any property in the last 2 Years? ☐ Yes ☐ No
If yes, type of property: _____
Market value when sold/disposed of: $_____
Amount sold/disposed for: $_____
Date of transaction: _____

Has ANY member of your household disposed of any other assets in the last 2 years? ☐ Yes ☐ No
(Example: Given away money to Relatives, Set up Irrevocable Trust Accounts)
If yes, describe asset: _____
Date of disposition: _____
Amount disposed: $_____

4. **Income:** List ALL sources of household income as requested below:

Name of Family Member	Source of Income	Monthly Amount	Annual Amount
	Social Security (Head)	$	$
	Social Security (Co-Head)	$	$
	Pension (Head)	$	$
	Pension (Co-Head)	$	$
	SSI Benefits (Head)	$	$
	SSI Benefits (Co-Head)	$	$
	Wages-Gross	$	$
	Wages-Gross	$	$
	Secondary Wages-Gross	$	$
	Secondary Wages-Gross	$	$
	Unemployment or Severance	$	$
	Unemployment or Severance	$	$
	Social Services (DSS)	$	$
	Social Services (DSS)	$	$
	Alimony	$	$
	Child Support	$	$
	Grants/Loan for FT Student over 18	$	$
	Grants/Loan for FT Student over 18	$	$
	Earned Income Credit	$	$
	Earned Income Credit	$	$
	Other Monthly Income	$	$
	Other Monthly Income	$	$
	Income from Investments	$	$
	Income from Investments	$	$
	Income Interest	$	$
	Income Interest	$	$
	Military pay or allotment	$	$
	Military pay or allotment	$	$

A. Does ANY member of your household anticipate any changes in this income during the next 12 months?
☐ Yes ☐ No

B. Does ANY member of your household work for someone who pays in cash? ☐ Yes ☐ No

C. Does anyone outside of your family give money to any member of your household? ☐ Yes ☐ No

D. Is ANY member of your household self-employed? ☐ Yes ☐ No

E. Does ANY member of your household receive any other type of payments not mentioned here?
☐ Yes ☐ No *If yes,* explain and list amount _____

5. **Assets:** list ALL assets for ALL household members:

	Account number	Bank	Balance	Interest rate
Checking				
Savings				
Credit Union				
CD'S				
Money Market				
Stocks / Bonds				
Annuities				
IRA'S				
Life Insurance				
Loans				
Cash on hand				

A. Does ANY member of your household have any other assets not listed above?
(excluding personal property) ☐ Yes ☐ No *If yes,* list: _____

6. **Landlord References:** ***Requires complete address or application will be returned to you for completion****

Current Landlord:
Name:_____ Phone: (____)_____ Dates: _____ to _____
Address: _____ Town: _____ State:____ Zip: _____

Previous Landlord:
Name:_____ Phone: (____)_____ Dates: _____ to _____
Address: _____ Town: _____ State:____ Zip: _____

**List all states you have resided in:_____

A. Are ANY household members currently under eviction or ever been evicted or had a lease terminated?
☐ Yes ☐ No *If yes*, who: _____
Why: _____

B. Has ANY household member paid fees for late payment of rent? ☐ Yes ☐ No

C. Has ANY household member owed money to a landlord for damages or non-payment of rent?
☐ Yes ☐ No

D. Has ANY household member owed money to a Public Housing Authority or Management Company?
☐ Yes ☐ No

E. Has ANY household member been detained or incarcerated by the police? ☐ Yes ☐ No

F. Are ANY household members current illegal users of a controlled substance, or ever been convicted for the same, or ever been convicted for the manufacture or distribution of a controlled substance?
☐ Yes ☐ No *If yes*, who: _____
Why: _____

If Yes, has that household member successfully completed a controlled substance abuse program or is currently enrolled in a program? ☐ Yes ☐ No

G. Has ANY household member ever been convicted of or pleaded guilty or "no contest" to a felony?
Whether or not resulting in a conviction? ☐ Yes ☐ No
If yes, who: _____
Why: _____

H. Has ANY household member ever been convicted of or pleaded guilty or "no contest" to a misdemeanor?
Whether or not resulting in a conviction? ☐ Yes ☐ No
If yes, who: _____
County: _____
Charge: _____

I. Has ANY household member ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct? *Whether or not resulting in a conviction?* ☐ Yes ☐ No
If yes, who: _____
What county/state: _____

J. Is ANY household member listed on this application subject to a lifetime registration requirement under ANY state sex offender registration program? ☐ Yes ☐ No
If yes, who: _____

******IF NOTHING APPLIES TO YOUR HOUSEHOLD, YOU MUST MARK N/A******

7. **Medical/Child Care/Handicap Assistance Expenses:**
***Complete this **ONLY** if head of household or co-tenant is age 62 or older, or handicapped/disabled regardless of age.*

A. Medicare premium(s): _____ Monthly amount: $_____
Medical insurance premiums(s): _____ Monthly amount: $_____
Insurer's name: _____

B. Anticipated expenses NOT covered by insurance or reimbursed:
Medical monthly amount: $_____
Prescription monthly amount: $_____

C. Medical bills you are making monthly payments for:
Balance due: $_____ Monthly payments: $_____
Payable to: _____

D. Other medical expenses:
Monthly payments: $_____
Payable to: _____

E. Child care cost: complete ONLY if you have children 12 years or younger.
What are your weekly costs for child care due to employment or education?
Weekly cost $_____ Paid to: _____
Reason for expense: _____

F. Handicap assistance expenses: complete ONLY if handicap expense allows a member of the household to work or attend school:
List type of expenses: _____
Weekly amount: $_____ Paid to: _____

8. **Credit References:** *Bank, Charge Card, Car Loan, Etc.*

Name:_____ Phone: (____)_____

Address: _____ Town: _____ State:____ Zip: _____

Name:_____ Phone: (____)_____

Address: _____ Town: _____ State:____ Zip: _____

9. **Personal References:** *No Relatives*

Requires complete address or application will be returned to you for completion*

Name:_____ Phone: (____)_____

Address: _____ Town: _____ State:____ Zip: _____

Name:_____ Phone: (____)_____

Address: _____ Town: _____ State:____ Zip: _____

10. **SIGNATURES:**

I/we certify that I/we do/will not maintain a separate rental unit in a different location. I/we also certify that this will be my/our permanent residence.

Acceptance of this application does not guarantee rental of an apartment. All applications must meet screening criteria. Changes in family income, size, address or phone number must be reported promptly to management in order to properly process your application. A security deposit and a one year lease are required.

I/we certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

_____ _____

Applicant Date signed

_____ _____

Co-Applicant Date signed

11. **AUTHORIZATION:**

I/we do hereby authorize Q&D Management, Inc. and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application/recertification for housing in the property managed by Q&D Management, Inc.

This will include police/background checks and credit checks. This will include a criminal/background check done ANNUALLY for ALL members of the household 18 years of age and older.

_____ _____

Applicant Date signed

_____ _____

Co-Applicant Date signed

_____ _____

Signature of person filling out application for applicant Date signed

Please remember to attach a copy of your license or photo ID with this application

Q & D Management, Inc and its employees do not discriminate on the basis of handicapped/disabled status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities. "In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs)

COMPLETION OF THIS SECTION IS OPTIONAL:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information. This information will not be used in evaluating your application or to discriminate against you in any way.

Applicant #1:	**Applicant #2:**
Ethnicity:	**Ethnicity:**
☐ Hispanic or Latino	☐ Hispanic or Latino
☐ Not Hispanic or Latino	☐ Not Hispanic or Latino
Race: *(Mark one or more if applicable)*	**Race:** *(Mark one or more if applicable)*
☐ White	☐ White
☐ Black or African American	☐ Black or African American
☐ American Indian or Alaska Native	☐ American Indian or Alaska Native
☐ Asian	☐ Asian
☐ Native Hawaiian or other Pacific Islander	☐ Native Hawaiian or other Pacific Islander
☐ Other: _____	☐ Other: _____
Gender: ☐ Male ☐ Female	**Gender:** ☐ Male ☐ Female

Rvsd 1/1/16

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov."

USDA Rural Development

Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - –Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - –Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - –Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - –Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - –Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - –Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.
- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of $100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

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

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

June 2016

Know Your Rights

NEW Anti-Discrimination Guidance Affecting People with Criminal Histories

If you are applying for state-funded housing and have a criminal record, you now have rights and protections. Read below to make sure you are not denied housing unjustly.

There are only **two** mandatory reasons that you can be denied access to state-funded housing:

1. Conviction for methamphetamine production
2. Being a lifetime registrant on a state or federal Sex Offender database

If you have any other type of conviction, **you are eligible to be considered for housing.**

Housing operators will first look at whether your criminal conviction involved physical violence to persons or property, or affected the health, safety and welfare of others. If it did not, they should not consider your conviction in assessing your housing application. If it did, you must be provided with an opportunity to answer the following questions:

1. How much time has passed since the conviction(s)?
2. How old were you at the time of the conviction(s)?
3. How serious was the conviction(s)?
4. What evidence do you have about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)?

The housing operator must evaluate your answers in determining your eligibility for housing. 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 access to housing, you may contact the Fair and Equitable Housing Office at feho@nyshcr.org to obtain assistance.

Know Your Rights

NEW Anti-Discrimination Guidance Affecting People with Criminal Histories

NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act[1]

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

Medina Apartments Partnership, LP 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 Medina Apartments Partnership, LP chooses to remove the abuser or perpetrator, Medina Apartments Partnership, LP 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, Medina Apartments Partnership, LP 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, Medina Apartments Partnership, LP must follow Federal, State, and local eviction procedures. In order to divide a lease, Medina Apartments Partnership, LP 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, Medina Apartments Partnership, LP 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, Medina Apartments Partnership, LP 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.

Medina Apartments Partnership, LP 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.

Medina Apartments Partnership, LP emergency transfer plan provides further information on emergency transfers, and Medina Apartments Partnership, LP 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

Medina Apartments Partnership, LP 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 Medina Apartments Partnership, LP must be in writing, and Medina Apartments Partnership, LP 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. Medina Apartments Partnership, LP 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 Medina Apartments Partnership, LP as documentation. It is your choice which of the following to submit if Medina Apartments Partnership, LP 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 Medina Apartments Partnership, LP 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 Medina Apartments Partnership, LP has agreed to accept.

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

If Medina Apartments Partnership, LP 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), Medina Apartments Partnership, LP 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, Medina Apartments Partnership, LP does not have to provide you with the protections contained in this notice.

Confidentiality

Medina Apartments Partnership, LP 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.

Medina Apartments Partnership, LP must not allow any individual administering assistance or other services on behalf of Medina Apartments Partnership, LP (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.

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

- You give written permission to Medina Apartments Partnership, LP to release the information on a time limited basis.
- Medina Apartments Partnership, LP 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 Medina Apartments Partnership, LP or your landlord to release the information.

VAWA does not limit Medina Apartments Partnership, LP'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, Medina Apartments Partnership, LP 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 Medina Apartments Partnership, LP 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 Medina Apartments Partnership, LP can demonstrate the above, Medina Apartments Partnership, LP 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 (518-474-9583).

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:

http://www.nyshcr.org/AboutUs/Offices/FairHousing/HCR_VAWA_Resource_list.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, Medina Apartments Partnership, LP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

Attachments: 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.