

## **GENERAL INFORMATION REGARDING APPLICATION PROCESS**

**GARDEN PARK APARTMENTS** 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 and thank you for your interest in our complex.

1. **Qualifications:** Elderly housing, you must be 62 years or older, A household member must be 62 years or older, or you must be handicapped or disabled regardless of age. 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 = **\$29,250** adjusted yearly income.  
Very low income for 2 people = **\$33,400** 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If you do not accept an apartment when your name comes up on the wait list or if we are unable to contact you due to out of date phone numbers or address, you will be removed from the wait list.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](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](mailto:program.intake@usda.gov)."



**Q & D Mgmt c/o Garden Park Apartments**

30 Douglass Drive - Office  
Arcade, New York 14009  
Phone/Fax: (585) 492-0086

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% \_\_\_\_\_

**GARDEN PARK APARTMENTS, ARCADE, NEW YORK**

30 Douglass Drive - Office  
Arcade, NY 14009  
Phone/Fax: (585) 492-0086

**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 # <i>For all members</i>	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



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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

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:

<b>Name of Family Member</b>	<b>Source of Income</b>	<b>Monthly Amount</b>	<b>Annual Amount</b>
	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.

<p><b><u>Applicant #1:</u></b> <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Race:</b> <i>(Mark one or more if applicable)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other: _____</p> <p><b>Gender:</b>    <input type="checkbox"/> Male        <input type="checkbox"/> Female</p>	<p><b><u>Applicant #2:</u></b> <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Race:</b> <i>(Mark one or more if applicable)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other: _____</p> <p><b>Gender:</b>    <input type="checkbox"/> Male        <input type="checkbox"/> Female</p>
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Rvsd 1/1/16



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# 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.

## **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](mailto:feho@nyshcr.org) to obtain assistance.



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