

**PROGRAM INFORMATION SHEET**  
**Marketplace Senior Apartments**  
**Rochester, New York**

**WELCOME** to Marketplace Senior Apartments, owned by **Marketplace Senior Housing LLC**, and professionally managed by Cornerstone Property Managers, LLC. Our community is operated under the Low-Income Housing Tax Credit Program (LIHTC), within Section 42 of the Internal Revenue Code. This program is designated to facilitate the housing needs of moderate to low-income seniors aged 55+. Applicants with Section 8 travel vouchers or certificates may apply for residency. Additionally, there are 55 Section 8 Project Based vouchers from Rochester Housing Authority and 20 Section 8 Project Based vouchers from Fairport Urban Renewal Agency. Please see enclosed documentation regarding qualifications and application.

Residency in all the apartments at Marketplace Senior Apartments is limited to those households having moderate to low incomes. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions, and social security, etc. The units at Marketplace Senior Apartments will serve one income group. Listed below are the current (2023) maximum allowable incomes (by household size) for Monroe County:

**50% Limits**

Income Cannot Exceed:

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>
\$33,250	\$38,000	\$42,750	\$47,500
<u>Unit Size</u>	<u>Occupancy</u>	<u># of Units</u>	<u>Rent</u>
1-bedroom	Min. 1/Max. 2	11	\$828
1-bedroom	Min. 1/Max. 2	15	\$841

**60% Limits**

Income Cannot Exceed:

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>
\$39,900	\$45,600	\$51,300	\$57,000
<u>Unit Size</u>	<u>Occupancy</u>	<u># of Units</u>	<u>Rent</u>
2-bedroom	Min. 2/Max. 4	4	\$1150

- Heat, Hot Water, Electric, Trash & Sewer are included in the rent.
- Non-smoking campus
- Amenities include community space, fitness center, laundry facility, storage, outdoor patio and numerous lounges/seating areas on each floor.
- All information on income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually upon renewal.
- Standard security deposits have been established and are equal to one month's rent.
- Applications will be accepted for the waiting list on time and date stamped order.

**Application Deadline: Postmarked by May 21, 2024.**

***Housing Lottery will be held LIVE via the Rochester Cornerstone Group Facebook Page on June 4, 2024 at 12pm <https://www.facebook.com/RochestersCornerstoneGroup>***

**Please return all completed applications personally to:**

**Marketplace Senior Apartments**

**Temporary Rental Office: The Marketplace Mall 710 Miracle Mile Drive, Rochester, NY 14623**

**Please call (585) 486-4480 with any questions**

The project is posted online at [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov)

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_  
 Identification # \_\_\_\_\_



**Marketplace Senior Apartments**  
**1100 Miracle Mile Drive, Rochester, NY 14623**

**Rental Application**

Unit Type desired  1 Bedroom  2 Bedroom

**Application Deadline: Postmarked by May 21, 2024.**

**Housing Lottery will be held LIVE via the Rochester's Cornerstone Group Facebook**

**Page on June 4, 2024 at 12pm <https://www.facebook.com/RochestersCornerstoneGroup>**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_ **Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Name of Present Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Present Landlord : \_\_\_\_\_

**List ALL Persons who will live in the apartment including "unborn child" if applicable. List Head of Household first:**

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	DATE OF BIRTH MM/DD/YR	AGE	SOCIAL SECURITY NUMBER/ITIN NUMBER
	Head of Household				

**INCOME & ASSET INFORMATION**

TYPE OF INCOME	GROSS MONTHLY AMOUNTS Fill in each section with an amount or N/A		TYPE OF ASSET	TOTAL VALUE Fill in each section with an amount or N/A	
	HEAD	CO-HEAD		HEAD	CO-HEAD
Wages	\$	\$	Savings Account (s)	\$	\$
Pensions/Annuity	\$	\$	Checking Account (s)	\$	\$
Unemployment	\$	\$	Cert of Deposit (CD's)	\$	\$
Social Security	\$	\$	Stocks & Bonds	\$	\$
Public Assistance	\$	\$	Real Property	\$	\$
Disability/SSI	\$	\$	Cash (incl.safe dep.)	\$	\$
Child Support	\$	\$	Any other	\$	\$
Alimony	\$	\$			
Other	\$	\$			

Identification # \_\_\_\_\_

**Rental Application, continued.**

I would like to be added the Rochester Housing Authority Project-Based Voucher Waitlist? Yes \_\_\_\_ or No \_\_\_\_

I would like to be added the Fairport Urban Renewal Agency Project-Based Voucher Waitlist? Yes \_\_\_\_ or No \_\_\_\_

Are there any household members enrolled in an institute of higher education? Y or N If Yes, list members below:

\_\_\_\_\_

Are you or any member of your household a U.S. Military Veteran? Y or N

Agency Referral? Y or N Name of Agency \_\_\_\_\_

Are you currently receiving Rental Assistance or Section 8? Y or N Name of Agency \_\_\_\_\_

Are you on a public/subsidized housing waitlist? Y or N Name of Agency \_\_\_\_\_

Is there a need for an accessible unit? Y or N

Does someone in your household require a reasonable accommodation? Y or N If yes, a separate form will be completed.

Is any member of the applicant household subject to a State lifetime sex offender registration in any state? Y or N

If yes, list member and state (s) \_\_\_\_\_

Has anyone listed on this application been convicted for manufacturing and/or distribution of a controlled substance? Y or N

The following information is requested by the apartment owner in order to assure the Federal government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, national origin, familial status, handicap/disability and sex are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

KEY FOR CHART

**Race 1-White 2-Black/African American 3-Native American/Alaskan 4-Native Hawaiian/Pacific Islander 5-Asian 6-Other 7-Decline to provide.**

**Ethnicity 1-Hispanic 2-Latino 3-Neither Hispanic or Latino 4-Decline to provide.**

**List all Persons who will be living in the apartment. List Head of Household first.**

NAME	RACE, circle one	ETHNICITY, circle one
	1 2 3 4 5 6 7	1 2 3 4
	1 2 3 4 5 6 7	1 2 3 4
	1 2 3 4 5 6 7	1 2 3 4
	1 2 3 4 5 6 7	1 2 3 4
	1 2 3 4 5 6 7	1 2 3 4
	1 2 3 4 5 6 7	1 2 3 4
	1 2 3 4 5 6 7	1 2 3 4

Identification # \_\_\_\_\_  
Rental Application, continued.

My/Our signature(s) below serves as written permission for **Marketplace Senior Apartments** to obtain a Consumer Report (credit history), previous landlord references and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information in this application is true and complete. The applicants also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/We certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, **Marketplace Senior Apartments** may cancel and annul any lease given in reliance upon such information.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO:

**Marketplace Senior Apartments**  
**Temporary Rental Office- Marketplace Mall**  
**710 Miracle Mile Drive**  
**Rochester, NY 14623**  
**585-486-4480**

## Tenant Selection Procedures

- a. Applications may be obtained by phone, mail or at the temporary rental office at The Marketplace Mall 710 Miracle Mile Drive, Henrietta, NY 14623.
- b. All applications, whether complete, eligible, or ineligible will be time and date stamped and placed on the waiting list. The waiting list will document the final disposition of all applications (rejected, withdrawn, or placed in a unit).
- c. The Fairport Urban Renewal Agency (FURA) will notify all applicants on the Housing Choice Voucher program of the availability of Marketplace Senior Apartments project-based units.  
  
20 of the units will have Project-Based Section 8 through FURA. All PBV vacancies must be filled by PBV eligible applicants from the FURA PBV waiting list. The (20) Project-Based units will be set aside for senior citizens aged 62 or older.
- d. The Rochester Housing Authority (RHA) will notify all applicants on the Housing Choice Voucher program of the availability of Marketplace Senior Apartments project-based units.  
  
55 of the units will have Project-Based Section 8 through RHA. All PBV vacancies must be filled by PBV eligible applicants from the RHA PBV waiting list. The (55) Project-Based units will be set aside for senior citizens aged 62 or older.
- e. Forty-Five (45) of the units will be designated for Frail Elderly, set aside for NYS ESSHI participants whose eligibility will be determined by Catholic Family Center (CFC). The 45 units will comply with the Housing Service Agreement between the Owner and Catholic Family Center (CFC).
- f. At initial project rent-up, no unit may be leased to a household which would be paying housing costs (basic rent plus the allowance for tenant-paid utilities) which are less than 25 percent, or more than 48 percent of that household's income. After initial occupancy, and as turnover of the units occurs, vacated units may be leased in accordance with the requirements set forth above, except that the units may not be leased to a household which, after occupancy, would be paying housing costs which are less than 30 percent, or more than 48 percent of that household's income.
- g. Screening Criteria used to Determine Suitability:
  - Verification of age must be included to meet program criteria, residents must be 55 years of age or older. This does not include the PBV units, applicants must meet RHA and FURA program requirements.
  - Income verification to determine eligibility- the applicant(s) household income cannot exceed the 60% AMI. Third-party verification will be used to access all income, assets, dependents, etc.



- Landlord References- References must be provided by the applicant and they are limited to major lease violations only.
  - Other Factors Determining Suitability:
    1. The applicant must have the ability and willingness to comply with the terms of the property's lease.
    2. The applicant must not misrepresent any information related to eligibility, award of preference for admission, allowances, family composition, or rent.
    3. All adult members of the family must sign required paperwork prior to taking occupancy.
- h. Characteristics which would cause an applicant/potential tenant to be rejected include the following:
- Landlord reference- References must be provided by the applicant and they are limited to major lease violations only.
  - Non-compliance with eligibility determination process
  - The applicant was convicted for producing methamphetamines in the home
  - The applicant is a Lifetime Registrant on the Sex Offender Registry
- i. An applicant's behavior toward the Agent's staff will be considered as indicative of future behavior toward neighbors. Any applicant that is threatening, abusive in language or actions, or is belligerent to management, staff, residents, or guests during application will not be considered for acceptance to the community.
- j. Applicants will be rejected from consideration if they have a poor landlord history (subject to major lease violations), have been convicted for producing methamphetamine in the home or is a lifetime registrant on the Sex Offender Registry. For all other applicants with a history of criminal convictions, an individualized assessment will be conducted FEHO's "Guide for Applying New York State's Anti-Discrimination Policies When Assessing Applicants for State-Funded Housing Who Have Criminal Convictions," utilizing the "Worksheet for Applying New York State's Anti-Discrimination Policies When Assessing Applicants for State-Funded Housing Who Have Criminal Convictions." Applicants who are rejected on the basis of their criminal history will receive a copy of Know Your Rights: NEW Anti-Discrimination Guidance Affecting People with Criminal Histories (available at <http://www.nyshcr.org/AboutUs/Offices/FairHousing/info-for-housing-applicants.pdf>).
- k. Any applicant whose application is rejected for admission to the property will receive written notice of the rejection, detailing specific reasons why the family's application was declined. A "Know your Rights" pamphlet will also be given to the applicant twice. The initial decision to reject an applicant is made by the Community Manager. Applicants have the right to appeal this



action within fourteen (14) business days and, in writing, request a meeting for consideration and/or informal hearing with the District/Area Manager of CPM. If an applicant requests to be withdrawn from the waiting list, they will receive in writing a letter confirming their request.

- l. Management will comply with regulation on overcrowding within the rental units. At the time of this plan, the guidelines in effect are follows:

No. BR	Min. Occupants	Max. Occupants
1 br	1	2
2 br	2	4

- m. Fifteen (15) units (10%) will be fully accessible to individuals with mobility impairments. Six (6) of the units (4%) will be set aside for individuals with sensory impairments.
- n. When filling a vacancy in a specially designated accessible units, preference will be given to applicants with disabilities that require the use of the specially designed features of that unit.
- o. The Violence Against Women Act and Department of Justice Reauthorization Act of 2013 (VAWA) Final Rule:  
  
Protects qualified applicants, tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking (collectively “domestic violence”) from being evicted or terminated from housing assistance based on acts of such violence against them. All applicants are provided the HUD-5380. Applicants and or tenants must complete the HUD-5382 certification or Emergency Transfer HUD-5381 form that is available at the rental office. All residents sign a HUD-91067 with their lease.

The above-mentioned procedures will comply with HCR’s credit and criminal re-entry policies.





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

### To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

### Protections for Applicants

If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

### Protections for Tenants

You may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

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

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



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

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

### **Removing the Abuser or Perpetrator from the Household**

\_\_\_\_\_ [Insert the project name, owner, or covered housing provider (acronym HP for purposes of this document)] may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

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

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

## **Moving to Another Unit**

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

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

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

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

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

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

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

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

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

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

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic

violence, dating violence, sexual assault, or stalking, and a description of the incident.

The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you

fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

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

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

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

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

VAWA does not limit HP's duty to honor court orders about access to or control of the property.

This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

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

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

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

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

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

### **For Additional Information**

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at [FEHO@hcr.ny.gov](mailto:FEHO@hcr.ny.gov).

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

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

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at

<https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf>

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>.

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

**Attachment:** Certification form HUD-5382

**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.