



Dear Applicant:

Thank you for your interest in the Permanent Supportive Housing programs offered by the Catholic Charities Housing Office. Included in this package are the following: Tenant Selection Plan and Application. As you begin the application process, please first review the enclosed Tenant Selection Plan.

The **application must be completed in full, signed and dated** in order for your application to be deemed “Active” and added to the Screening List.

3-Month Rule: To maintain “Active” status you must contact the CCHO’s Screening and Intake within 3 months of submitting the application, and continue to make contact once every 3 months afterward. Failure to follow this 3-month rule will result in the removal of your application from the active screening list. After one year without your making contact, you would have to reapply to CCHO for housing.

CCHO Screening

Family Applications: 518-459-0183 ext: 21

Single Room Occupancy (SRO) Applications: 518-459-0183 ext: 15

When contacting CCHO Screening please remember to update your current housing status and contact information

Please submit copies of photo ID, social security card, and birth certificate for each household member as well as documentation of your household’s income sources with your application if available, or send these documents to CCHO Screening once you have obtained copies after submission of your application.

If you have any questions or require assistance in reading, understanding or completing this application please call the Housing Office at (518) 459-0183, Monday-Friday between 8:30 a.m. and 5:00 p.m.

Please return application to:

**Catholic Charities Housing Office
43 North Main Avenue
Albany, NY 12203
Fax: (518) 435-1327**

We look forward to receiving your application.

43 North Main Avenue, Albany NY 12203
Phone: (518) 459-0183 • Fax (518) 435-1327 • www.cchoalbany.org

PLEASE KEEP THIS PAGE-DO NOT MAIL THIS PAGE BACK

Rev. 1/20/22



PERMANENT SUPPORTIVE HOUSING PROGRAMS TENANT SELECTION PLAN

Updated: February 20, 2024

Catholic Charities Housing Office and the facilities it manages are pledged to the letter and the spirit of U.S. policy of achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, creed, color, national origin, sex, disability, age, or marital status for familial status.

Applications are accepted in person or by mail at Catholic Charities Housing Office, 43 North Main Avenue, Albany, New York 12203. Requests for applications may be made by calling (518) 459-0183 OR by contacting individual buildings. Interviews and apartment showings are conducted at each building, by appointment only.

ELIGIBILITY REQUIREMENTS

In order to be accepted as a resident, each applicant must provide third-party verification for required information in each of the categories listed below. Failure to meet eligibility requirements in any one or more of these categories will result in the rejection of the applicant.

1. Income

CCHO sponsors Low Income Housing where **in Albany, Rensselaer and Schenectady Counties** the applicant's maximum gross annual income must not exceed:

| Number of people | Income |
|------------------|----------|
| One | \$39,300 |
| Two | \$44,900 |
| Three | \$50,500 |
| Four | \$56,100 |

| Number of people | Income |
|------------------|----------|
| Five | \$60,600 |
| Six | \$65,100 |
| Seven | \$69,600 |
| Eight | \$74,100 |

(These income limits were updated May 15, 2023 and are subject to periodic change by the U.S. Department of Housing and Urban Development [HUD]).

In **Otsego County** (for Oneonta SROs) the applicant's maximum gross annual income must not exceed:

| Number of people | Income |
|------------------|----------|
| One | \$28,600 |
| Two | \$32,650 |

(These income limits were updated May 15, 2023 and are subject to periodic change by the U.S. Department of Housing and Urban Development [HUD]).

2. Rent

The Household **MUST** have a verifiable income source (e.g. Employment, Public Assistance, Social Security, Social Security Disability, etc) OR qualify for a subsidy for payment of rent.

3. **Background Checks**

Applicants to Catholic Charities Housing must agree to a Criminal Background Check, including all adults in households applying for the Family Apartments. Any conviction or adjudication other than an acquittal of a violent crime, which CCHO determines would pose a risk of physical danger or harm to persons or property, may be cause for rejection of an application to housing in any community managed by CCHO. Examples of such crimes include:

- Murder/Manslaughter
- Sex offenses, including forcible rape, child molestation, and aggravated sexual battery
- Arson
- Armed robbery

CCHO will conduct an individualized assessment of convictions and any recent pending arrests at the time of screening for an available unit to determine eligibility. Convictions that have been excused by pardon, overturned on appeal or otherwise vacated will not be considered.

4. **Tenant Selection-Homeless Status**

Selection of Applicants from the Screening List for openings of units in CCHO's **DePaul, DePaul Too, Waldorf, Schenectady, and Oneonta SROs, as well as the Family Apartments** is done in this order:

- A. The next eligible qualified **HOMELESS** applicant on the Screening List meeting the HUD Continuum of Care definition of homelessness (Federal Register Vol. 77 No. 147 24 CFR Part 578.3): Homeless means an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
 - Living in a shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs); or
 - An individual who is exiting an institution where he or she resided for 90 days or less **AND** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- B. If homeless applicants as defined above are not identified, tenant selection for DePaul, Schenectady, and Oneonta SROs, as well as the Family Apartments may proceed to the next eligible qualified applicant on the Screening List at imminent risk of homelessness.
Note: the Waldorf Residence (Section-8 Mod Rehab), St. Peter's Residence (Continuum of Care-SPC/SHP), and DePaul Too (Continuum of Care-SPC/SHP) are federally contracted by HUD to provide housing to applicants meeting CoC homeless criteria in paragraph 4.A above only.
- C. **St. Peter's SRO Shelter Plus Care (SPC) & Supportive Housing Program (SHP)-**
St. Peter's SRO Residence in Troy receives funding from HUD's Continuum of Care (CoC) SPC and SHP programs to provide housing for disabled, homeless individuals with rental subsidies (Federal Register Vol. 77 No. 147 24 CFR Part 578.3). Intake, assessment and referrals are coordinated through the Rensselaer County Coordinated Entry, a centralized application and admission process with other CoC funded housing programs in that county. If you are homeless in Rensselaer County contact (518) 273-3291 or go to www.caresny.org/continuum-of-care/rensselaer-county-homeless-services-collaborative/rensselaer-county-coordinated-entry to complete a Coordinated Entry Assessment for this and other homeless housing programs in the county.

5. **Disability Status for Shelter Plus Care/Supportive Housing Programs**

HUD Shelter Plus Care and Supportive Housing Programs (at St. Peter’s SRO Residence in Troy and DePaul Too SRO in Albany) provide housing opportunities for homeless adults with disabilities (Federal Register Vol. 77 No. 147 24 CFR Part 578.3). To qualify, individuals must have a qualifying disabling condition as defined by HUD for Continuum of Care Programs:

- A physical, mental or emotional impairment which (i) is expected to be of long continued and indefinite duration, (ii) substantially impedes an individual’s ability to live independently, and (iii) is of such a nature that such ability could be improved by more suitable housing conditions.
- Disabling conditions may include severe mental illness, diagnosable chronic substance abuse disorder, severe development disability, HIV/AIDS
- Disability must be documented by a licensed medical professional (physician or psychiatrist)

6. **Personal Interview**

The applicant must successfully complete a personal interview with the Case Manager and the Property Manager. He/she must respond appropriately to a standard questionnaire.

7. **Family Composition**

Single Room Occupancy (SRO) dwellings-the applicant must be an individual who is 18 years or older.

Family Apartments - these units are open as follows:

Housing Quality Standards allow two persons per living/sleeping room. CCHO does not limit who shares a bedroom/sleeping room. Guidelines for occupancy are:

- The head (and partner, if applicable) of household will be eligible for a separate bedroom.
- All other family members will use the standard of two persons per bedroom.
- Single persons are eligible for a studio or one bedroom.

These general guidelines are used in determining bedroom classification:

| Unit Size | Minimum # of Persons in Household | Maximum # of Persons in Household |
|------------|-----------------------------------|-----------------------------------|
| SRO | 1 | 1 |
| Studio | 1 | 1-2 |
| 1 Bedroom | 1 | 2 |
| 2 Bedrooms | 2 | 4 |
| 3 Bedrooms | 4 | 6 |
| 4 Bedrooms | 6 | 8 |

Exceptions from the standard may be granted if it is determined that the exceptions are justified by the health of family members, and/or other individual circumstances necessary for reasonable accommodation.

8. **Student Status Eligibility for Low Income Housing Tax Credit (LIHTC) programs:**

Due to federal regulations (Internal Revenue Code 42(i)(3)(d)), full time students may not live at DePaul or Waldorf SRO Residences. Full-time students who are heads of households may not live at CCHO Family Apartments on Third Avenue, unless the household meets one of the following exceptions:

- Applicant/Head of Household is a student receiving assistance under title IV of the Social Security Act.
- Applicant/Head of Household is a student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State, or local laws.
- Head of Household is a full time student who is a single parent with children, if such children are not dependents of another individual outside of the household aside from the other parent (this exception does not apply to DePaul or Waldorf SRO residences).

- Households comprised of married full-time students filing a joint return (this exception does not apply to DePaul or Waldorf SRO residences).

9. **Violence Against Women Act (VAWA) Provisions**

The Violence Against Women Act provides federal protections to women or men who are victims of domestic violence, dating violence, sexual assault or stalking. CCHO understands that, regardless of whether state or local laws protect victims of domestic violence, dating violence, sexual assault or stalking, people who have been victims of violence have certain rights under federal fair housing regulation. This policy is intended to support or assist victims of domestic violence, dating violence, sexual assault or stalking and protect victims as well as members of their family, and affiliated persons from being denied housing or from losing their housing as a consequence of their status as a victim of domestic violence, dating violence, sexual assault or stalking.

Affiliated persons are defined as a spouse, parent, brother, sister or child of that individual, or a person whom that individual stands in the place of a parent or guardian; or any individual, tenant, or lawful occupant in the household of that individual. VAWA protections are not provided to guests, unauthorized residents, or service providers of the resident.

Please see HUD Form 5380 Notice of Occupancy Rights under the Violence Against Women Act on pages 8-12 below for further information regarding VAWA protections.

10. **Reasonable Accommodations**

Applicants and tenants may request reasonable accommodations to CCHO's leases, rules, policies, practices, or services when such accommodations may be **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. To show that a requested accommodation is necessary, there must be an identifiable relationship between the requested accommodation and the individual's disability.

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives. The disability must be permanent (of continual or long duration) to be protected by the Fair Housing Act.

CCHO's Reasonable Accommodation Policy ensures fulfillment of requests for reasonable accommodations for tenants and applicants that are necessary to provide equal opportunity for use/enjoyment by persons with disabilities, unless doing so would result in a fundamental alteration in the nature of the programs or create an undue financial and administrative burden. Requests for Reasonable Accommodations may be made by CCHO's Applicants, Tenants, a family member or someone else acting on the Applicant or Tenant's behalf.

To make or inquire about a Reasonable Accommodation request contact CCHO's Director of Operations at (518) 459-0183 ext. 19.

TERMS OF RESIDENCY

- Each eligible qualified applicant who accepts a federally subsidized apartment or SRO unit will be required to sign a rental lease for an initial one year period. Thirty days written notice is required to terminate the lease agreement. This unit must be the applicant's primary residence.
- Subsequent lease renewals are month to month.
- A Security Deposit equal to the unit contract rental rate (the full contract rent is both the tenant and subsidy

portions of rent) is required at lease signing.

- Tenants must notify their property manager of any changes in income. Recertification of the household’s income is required annually, and on an interim basis if income changes during the year.
- Tenants are not permitted to add additional members to their household without first obtaining, in writing, the permission of the landlord. Please note in CCHO’s subsidized units the addition of any person to the household may increase the rent.

REJECTION CRITERIA

An applicant will not be accepted for tenancy for any one of the following reasons:

- Current violent criminal behaviors or other criminal behaviors, or a history of such, that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, or of the site’s employees, contractors or agents.
- Lack of income or qualification for subsidy at time of interview.
- Any applicant/household member who has previously been evicted by, or was in the process of being evicted from Catholic Charities Housing when they left.
- Any applicant/household member who is a Level 3 sex offender cannot be admitted to CCHO’s Housing Programs.

REJECTION PROCEDURE

A letter is sent to the applicant, informing him/her of the rejection and the reason(s) for the rejection. Further direction will be given on the rejection letter should you wish to lodge an appeal.

HOW TENANT RENT IS CALCULATED

| PROGRAM | RENT |
|---|--|
| SRO’S | |
| DePaul Residence Section 8 Program | Rent is 30% of Income or approved DSS shelter rate with Section 8 making up the difference to the unit rental rate. |
| Waldorf Residence Section 8 Mod Rehab | Rent is 30% of Income or approved DSS shelter rate, with Section 8 making up the difference to the unit rental rate. |
| St. Peter’s Residence Shelter Plus Care & Supportive Housing Program | Rent is 30% of Income with disability allowance of \$400 off gross annual, or approved DSS shelter rate, with SPC or SHP making up the difference to the unit rental rate. |
| St. Peter’s Residence -Low Income | Rent is 30% of Income or approved DSS shelter rate. |
| DePaul Too Residence Section 8/ Supportive Housing Program | Rent is 30% of Income with Section-8 making up the difference to the unit rental rate. |
| Oneonta programs | Rent is 30% of income or the approved DSS shelter rate. |
| Family Apts. Programs-Albany | |
| Section 8 | There are Section 8 vouchers attached to some CCHO family apartment units, with rents based on 30% of income. Tenants with portable Housing Choice vouchers are welcome to use them for the apartments that do not have the attached Section-8 vouchers. |
| Shelter Plus Care | There are no SPC vouchers attached to CCHO family apartments, but tenants with SPC are welcome to use them for the apartments that do not have the attached Section-8 vouchers. |
| Apartments without Section-8 subsidies attached. | Rent is 30% of household’s gross income minus a utility allowance, or a flat rate based on the DSS shelter rate. Tenant Based Rental Assistance vouchers such as SPC or S-8 HCV are accepted. |

These rents are subject to periodic review by the New York State Division of Housing and Community Renewal (DHCR).

PROGRAMS AND ELIGIBILITY CRITERIA: Reference table below for eligibility requirements & documentation required for each program

| | PROOF OF LOW INCOME (e.g. Budget sheet, SS award letter, employer verification, child support etc). | DISABILITY (Mental Health, Substance Abuse, AIDS) | HOMELESS STATUS – (Certification signed by shelter or DSS) | HOMELESS/ CHRONICALLY HOMELESS given priority in screening/ tenant selection | UTILITIES Required to have Switched on in <u>OWN</u> name | ID FOR EACH HOUSEHOLD MEMBER | CRIMINAL CHECK REQUIRED |
|--|--|--|---|--|---|---|-------------------------|
| DePaul Residence Section 8 Program | X | | | X | | Birth Cert, Social Security Card & Photo ID | X |
| Waldorf Residence Section 8 Mod Rehab | X | | X | X | | AS ABOVE | X |
| St. Peter's Residence Shelter Plus Care & Supportive Housing Program | X | X | X | X | | AS ABOVE | X |
| DePaul Too Supportive Housing Program | X | X | X | X | | AS ABOVE | X |
| Oneonta Programs | X | | X | X | | AS ABOVE | X |
| Fam Apts Low Income | X | | | X | X | AS ABOVE | X |

HOUSEHOLD RECERTIFICATIONS: In all buildings, in order to ensure that the rent paid by a resident is an accurate reflection of income, each resident is re-certified annually to determine their current income prior to determining the rent amount. If there is a change in status an interim certification is required at the Tax Credit properties and will be required with subsidized programs. Tenants must notify their property manager of any changes in income.

SECURITY DEPOSITS:

A Security Deposit equal to the unit contract rental rate (the full contract rent is both the tenant and subsidy portions of rent) is required at lease signing.

APPLICATION PROCESS:

Many applicants call with questions once their applications have been submitted concerning the timeline around potential housing placement. Several factors impact when you will be called for interview and how quickly the process will advance.

This is permanent housing not emergency housing. The typical process can take 2-4 weeks *once you are called for interview*. If you need emergency housing you should contact Homeless and Travelers Aid: (518) 463-2124 or toll-free 1 (866) 201-7399.

- 1) Availability of Housing: CCHO has 180 SRO units and 23 family apartments; therefore, depending on your requirements (an SRO unit or a 4-bedroom apartment) there may be a wait period for an available unit at the size needed for your household.
- 2) Applicants are screened in order of when their applications were received, with households **who meet the HUD definition of homelessness given priority in screening** (i.e. living in an emergency shelter or a place not meant for human habitation such as a car, park, sidewalk or abandoned building). **For St. Peter's Residence Shelter Plus Care and Supportive Housing Programs, applicants who meet the HUD definition of chronic homelessness will be given first priority** (i.e. continuous homelessness of 12 months or 4 episodes of homelessness totaling 12 months or more within the past 3 years) ahead of other homeless individuals. A household is considered homeless if documentation of such from the shelter where the household resides or a homeless verification from other approved outreach worker is provided.
- 3) If you move or change telephone number please call the CCHO Screening & Intake at (518) 459-0183, ext: 21 and update your contact information so you may be reached.
- 4) When units become available CCHO Screening & Intake Staff will review applications for completeness and homelessness status, forwarding those that qualify to a property agent for screening.
- 5) Do not call the Site Manager/Property Agent until your application is forwarded to them. Screenings cannot be scheduled until they have your application.
- 6) The process moves much faster if applicants obtain their paperwork in advance of screenings: that is income documentation, ID, and homeless verification (from a shelter, DSS or other homeless outreach worker). Applicants for SPC & SHP must prove homeless status and disability.
- 7) *Should the applicant meet eligibility criteria* then the site manager/property agent will refer the applicant to the program case manager for an introduction to service planning and support services provided to tenants in the program.
- 8) If an offer of Housing is made then a move in date will be selected and new tenants must have first month's rent and security prior to signing a lease. If requesting assistance from DSS for rental assistance/security you must allow time for them to prove eligibility and for them to inform the landlord that they will assist you.
- 9) Take note that CCHO receives on average 60 applications a month. Should you not hear from a property agent after submitting your application, do not be alarmed – you have not been overlooked. Applications are processed in the order in which they are received, with preference given to homeless and chronically homeless households.
- 10) Administrative staff at CCHO simply log in the receipt of your application and forward it to the Screening & Intake Office. They cannot assess when you will be called for interview.
- 11) PLEASE NOTE THAT CCHO STAFF TRIES TO PROCESS APPLICATIONS AS QUICKLY AS POSSIBLE ONCE HOUSING BECOMES AVAILABLE. YOU CAN HELP THIS PROCESS BY BEING PREPARED.

Catholic Charities Housing Office
Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Catholic Charities Housing Office's (CCHO) federally subsidized housing programs** are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under Catholic Charities Housing federally subsidized programs, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under Catholic Charities Housing federally subsidized programs, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Catholic Charities Housing federally subsidized programs 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

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

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.

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.

CCHO 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.

CCHO's emergency transfer plan provides further information on emergency transfers, and CCHO 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

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

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

If CCHO 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), CCHO 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, CCHO does not have to provide you with the protections contained in this notice.

Confidentiality

CCHO 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.

CCHO must not allow any individual administering assistance or other services on behalf of CCHO (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. CCHO must not enter your information into any shared database or disclose your information to any other entity or individual. CCHO, however, may disclose the information provided if:

- You give written permission to CCHO to release the information on a time limited basis.
- CCHO 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 CCHO or your landlord to release the information.

VAWA does not limit CCHO'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, CCHO 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 CCHO 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 CCHO can demonstrate the above, CCHO should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

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

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with

HUD Buffalo Field Office
Lafayette Court
465 Main Street, 2nd Floor
Buffalo, NY 14203
Phone: (716) 551-5755
Fax: (716) 551-5752
TTD: (716) 551-5787

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf>.

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

For questions regarding VAWA, please contact CCHO's Director of Supported Housing & Compliance at (518) 459-0183, ext: 16.

Form HUD-5380
(12/2016)

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Equinox Domestic Violence Services: (518) 432-7865; Unity House of Troy: (518) 272-2370; or In Our Own Voices LGBT Domestic Violence Support Line: (518) 432-4188.

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

For help regarding sexual assault, you may contact St. Peter's Health Partners Sexual Assault & Crime Victims Assistance Hotline: (518) 271-3257.

Victims of stalking seeking help may also contact St. Peter's Health Partners Sexual Assault & Crime Victims Assistance Hotline: (518) 271-3257.

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):** _____

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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.



Submit Housing Application to:
 43 North Main Avenue, Albany NY 12203
 Phone: 518-459-0183 Fax: 518-435-1327

Catholic Charities Housing Office and the facilities it manages are pledged to the letter and the spirit of U.S. policy of achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Complete the entire application writing N/A (Non-Applicable) in any section that does not apply to your household. An incomplete or illegible application will delay processing.

I AM APPLYING FOR: SINGLE ROOM OCCUPANCY (SRO) FAMILY APARTMENTS

APPLICANT NAME: _____ DATE: _____

CURRENT ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

CELL: (____) _____ ALTERNATE CONTACT PHONE: (____) _____

1. PERSONAL DATA: DATE OF BIRTH: ___/___/___ SEX: MALE FEMALE

SOCIAL SECURITY #: _____ - _____ - _____ DRIVER LICENSE #: _____

2. HOMELESS STATUS: Are you/your household currently homeless? YES NO

Where are you currently residing? homeless shelter motel friends/family Other: _____

Have you been homeless 4 or more times in the past 3 years? YES NO

3. VETERAN STATUS: Are you a veteran? YES NO

4. REFERRED BY (NOT REQUIRED-N/A IF NONE): _____

If applying for SROs mark your location preference below. You may be called for location with the 1st opening:

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Waldorf Residence Blair, L.P. 29 Maiden Lane Albany, NY 12207 (518) 465-2612 | <input type="checkbox"/> DePaul Residence Branson, L.P. 504 Central Avenue Albany, NY 12206 (518) 482-3248 | <input type="checkbox"/> St. Peter's Residence 2335 5 th Avenue Troy, NY 12180 (518) 273-3291 | <input type="checkbox"/> Oneonta SROs Maple Street Grand Street State Street (607) 436-9250 | <input type="checkbox"/> DePaul Too-SHP 35 N. Main Ave Albany, NY (518) 482-3248 |
|--|---|--|--|--|

5. HOUSEHOLD COMPOSITION:

List the head of household and all other members who will be living in the requested housing unit. Give the relationship of each member to the head of household.

| Full Name | Relationship | Birth date | Age | Social Security # |
|-----------|--------------|------------|-----|-------------------|
| | | | | - - |
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| | | | | - - |
| | | | | - - |
| | | | | - - |
| | | | | - - |

6. Do you plan to have anyone living with you in the FUTURE who is not listed above? YES NO
 Explain if you answered yes: _____

7. Please identify any special housing needs your household has: _____

8. Have you previously lived in a Residence Operated by Catholic Charities? YES NO
 If you answered **YES** complete the following:
 Residence Name or Address: _____
 Move-in-Date ____/____/____ How long did you reside there ____ yrs ____ mths.
 Reason for leaving: _____

9. Are you or a member of your household currently on Probation or Parole? YES NO
 If you answered **YES** complete the following:
 Parole/Probation Officer: _____
 Address: _____ Phone: _____

10. Have you or a member of your household been charged with arson? YES NO
 convicted of a felony? YES NO
Note: You must complete a police background check form on page 6 of this application for all adults in the household above 18 years of age.

11. Have you or a member of your household been evicted from housing YES NO
 How many times? _____
 Reason for eviction(s): _____

12. Are you a full time or part-time student? YES NO
 If you answered **YES** complete the following:
 School Name: _____
 Address: _____
 Enrolled: Full-time Part-time Schedule: Days Evenings

PREVIOUS RENTAL HISTORY

Please complete for your **two** most recent landlords. They **will be** contacted as part of your screening. If you have no prior rental history note below the last addresses of residence, and the owner or that tenant you lived with at that address. Please speak with our case managers at interview time if this is a problem.

| | | |
|---------------------------------|---|--|
| Current Landlord | Landlord Name: | |
| | Landlord Address: | |
| | Landlord Phone #: | |
| | Tenant: <i>(Note self or Friend/Family if someone else's home)</i> | |
| | Apartment Address: | |
| | Dates living there? Rent? | Moved In: _____ Moved Out: _____ \$ _____ per month |
| | Reason for wanting to move? | _____ _____ |
| Landlord Prior to Present | Landlord Name: | |
| | Landlord Address: | |
| | Landlord Phone #: | |
| | Tenant: <i>(Note self or Friend/Family if someone else's home)</i> | |
| | Apartment Address: | |
| | Dates living there? Rent? | Moved In: _____ Moved Out: _____ \$ _____ per month |
| | Reason for moving/ leaving? | _____ _____ |

- Please ensure that you sign the attached Release of Information form(s), and return it (them) with this application.
- The signed Release of Information forms will be used by the Housing Office only for the purposes of determining your housing eligibility, which includes landlord history, and your ability to pay for your housing.

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and 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. All adult applicants, 18 or older, must sign application.

SIGNATURES:

Head of household

Print Name

Date

Co-head of household

Print Name

Date

INCOME SOURCE INFORMATION

EMPLOYMENT

Are you employed? YES NO

If yes please complete the following. When called for interview all Household members 18 and over must supply information on their income to establish income eligibility and for verification purposes.

Head of Household Current Employer:

Name of Business: _____ Telephone # _____

Business Address: _____ Supervisor Name: _____

Position: _____ Length of employment: _____ yrs _____ mths

Current wages: \$ _____ per: hour week bi-weekly month year

Avg hours worked/ week: _____ Avg tips/week \$ _____

Do you have a second job Yes No *If yes, please attach a page declaring income for second job*

INCOME SOURCES

List each type of income & the amount of income that you expect to receive in the next 12 months (e.g. **Wages/salaries, PA, Social Security, SSI, SSD, pension, unemployment, workers compensation, alimony, child support**, etc.) in gross amounts (i.e. amounts before taxes and any deductions).

- Families please list each type of income that **each household member** receives:

| Household Member | Source of Income | Monthly Income | Annual Income |
|------------------|------------------|----------------|---------------|
| | | | |
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| | | | |

Public Assistance:

Name of your DSS Worker _____

Phone # of DSS Worker (____) _____

Are you in the 45-day wait period for Public Assistance? YES NO

If so, when did it start: _____

Housing Subsidy Voucher:

Does your household have a portable Section-8, VASH, or other housing subsidy voucher?

YES NO

Please note that prior to an offer of housing you must provide documentation of your income and the property agent will verify this. Such documentation includes but is not limited to: employment verification (4-6 most recent paystubs or employer verification form); DSS budget sheet; SS award letter; Veterans awards; pension notifications; unemployment support notifications and child support among other sources of income.



Applicant Authorization

I hereby authorize Catholic Charities Housing Office and/or its agents—Blair Associates, L.P.; Branson Associates, L.P.; Conroy HDFCI—to conduct a criminal background check including, but not limited to, a screening of the lifetime sex offender registration list for any state in which I’ve lived.

I hereby authorize RentGrow, Inc./Yardi Resident Screening and/or any certified police agency to obtain and verify such information by accessing a criminal record search.

I have been notified that a consumer report will be requested and understand that the information that RentGrow, Inc. and/or any certified police agency obtains will be used in the processing of my rental application.

I hereby release and hold harmless Catholic Charities Housing Office and/or its agents—Blair Associates, L.P.; Branson Associates, L.P.; Conroy HDFCI, RentGrow, Inc./Yardi Resident Screening and/or any certified police agency, its affiliates, employees, agents and any other organization that provides information from any and all liabilities arising out of the use of such information in connection with RentGrow, Inc./Yardi Resident Screening and/or any certified police agency.

Complete in full for each adult household member, 18 years of age or older—please print legibly:

| First & Last Name of each adult household member | Social Security # | Date of Birth | List any states lived in |
|--|-------------------|---------------|--------------------------|
| | | | |
| | | | |
| | | | |

An address must be provided here for your household. If your household has no current address of residence, please list any applicable mailing or temporary address:

Current Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Each adult household member must sign below:

Applicant’s Signature _____
Date

Co-Applicant’s Signature _____
Date

Other Adult Applicant’s Signature _____
Date

| | |
|--|---------------------------------|
| For internal office use only—screening conducted for tenancy at: | |
| <input type="checkbox"/> Blair L.P. <input type="checkbox"/> Branson L.P. <input type="checkbox"/> Conroy <input type="checkbox"/> St. Peter’s <input type="checkbox"/> Oneonta SROs <input type="checkbox"/> DePaul Too <input type="checkbox"/> Schtdy SRO <input type="checkbox"/> Family | |
| Findings: _____ | Date: _____ Completed by: _____ |

CATHOLIC CHARITIES HOUSING OFFICE

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: In signing this consent form, you are authorizing the Catholic Charities Housing Office to request information from all of your income sources. The Catholic Charities Housing Office needs this information to verify your household's income, in order to ensure that you are eligible for housing and to determine the level of rental payments.

This will also serve as a release to contact previous landlords including current landlord to obtain a landlord reference(s).

SOURCE OF INFORMATION TO BE OBTAINED: Income information will be obtained directly from (a) current employer concerning salary and wages, (b) current budget information from Public Assistance agencies, (c) current child support payments, (d) alimony/support payments, (e) unemployment benefits, (g) income from retirement/pension plans, (g) financial institutions concerning checking/savings accounts and unearned income (i.e. interest and dividends). I understand that the income information obtained from these sources will be used to verify information that I provided in order to determine eligibility for housing and the level of rental payments.

USES OF INFORMATION TO BE OBTAINED: The Catholic Charities Housing Office is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Catholic Charities Housing Office may disclose information (other than tax return information) for certain routine uses, such as government agencies for law enforcement purposes,

to Federal agencies for employment suitability purposes and to Housing Agencies for the purpose of determining housing assistance. The Catholic Charities Housing Office is also required to protect the income information it obtains in accordance with any applicable State privacy law.

WHO MUST SIGN THE CONSENT FORM: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household and whenever a member of the household becomes 18 years of age.

FAILURE TO SIGN CONSENT FORM: Your failure to sign the consent form may result in the denial of eligibility for housing with the Catholic Charities Housing Office.

CONSENT: I Consent to allow the Catholic Charities Housing Office request and obtain income information from the sources referred to in this form for the purpose of verifying my eligibility and rental payments.

Applicant/Tenant signature

Date

Co-Applicant/Co-head Tenant signature

Date