

The Delaware

c/o Catholic Charities Housing Office
43 North Main Avenue
Albany, NY 12203
Telephone: (518) 459-0183
FAX: (518) 435-1327

Dear Applicant:

Thank you for your interest in The Delaware! In response to your inquiry, please find enclosed an application for housing, program information sheet, tenant selection procedures and notice of occupancy rights under the Violence Against Women Act and Certification Form HUD-5382.

The Delaware is a mixed income, integrated supportive housing rental community located at 70 Delaware Avenue, Cohoes, New York. There are ninety-two (92) residential units: sixty-two (62) 1-bedroom units, thirty (30) of which will be supportive housing units set aside for homeless and at-risk seniors age 62 years or older, OR 55 years old or older with a documented disabling condition needing assistance with one or more ADL's or IADL's; and thirty (30) 2-bedroom units. The buildings are equipped with elevators, there is ample parking, and hot water is included in the rent. Residents of our community have access to an on-site laundry facility and community rooms.

Eligibility for housing at The Delaware is determined by income and a criminal background check. You have the right to review and contest the results of a background check. Eligibility for the supportive housing units is determined by age and homeless or at-risk status.

If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our facility, please submit your request in writing and attach to your completed application.

Please note that in order to promote a healthy environment for both residents and staff, our community and apartments are **smoke-free**, and pets are not permitted.

All household members older than 18 years of age must sign the application. You may return the application by mail or in person to Catholic Charities Housing Office, 43 North Main Avenue, Albany, NY 12203; or by fax (518) 435-1327.

Applications are added to the wait list in the order in which they are received.

Please note that it is the applicant's responsibility to inform us in writing of any change of address, phone number, household composition, or income. If we are unable to contact you regarding your application, it will be removed from the waiting list.



Homes and
Community Renewal



KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

PROGRAM INFORMATION SHEET

The Delaware

Cohoes, New York 12047

**The Delaware
Cohoes, New York 12047**

Welcome to The Delaware, professionally managed by Catholic Charities Housing Office. Our community is operated under the Low-Income Housing Tax Credit Program (LIHTC), within Section 42 of the Internal Revenue Code and the Affordable Housing Program. These programs are designated to facilitate the housing needs of moderate to low-income households. Applicants with Section 8 housing choice vouchers or certificates are welcome to apply for residency. Please review the enclosed documentation regarding qualifications and application.

Residency in all the apartments is limited to households having moderate to low incomes. In addition to standard wages, income includes monies received from many sources such as alimony, pensions, social security, etc. Listed below are the current (2020) maximum allowable incomes, by household size. The income limits are updated and published annually by the U.S. Department of HUD.

RENT & INCOME REQUIREMENTS FOR 70 DELAWARE AVENUE

Unit size	Income Limit based on % of Area Median Income Levels	Rent Rate (after applicable Utility Allowance Deduction)	Minimum Gross Income Requirement	Maximum Gross Income for Household by Size
1 Bedroom	50% ESSHI PSH	\$1,002	\$0	\$37,100 1 person
				\$42,400 2 people
1 Bedroom	40%	\$644	\$19,320	\$29,680 1 person
				\$33,920 2 people
2 Bedroom	40%	\$787	\$23,610	\$33,920 2 people
				\$38,160 3 people
				\$42,400 4 people
1 Bedroom	50%	\$823	\$24,690	\$37,100 1 person
				\$42,400 2 people
2 Bedroom	50%	\$1,002	\$30,060	\$42,400 2 people
				\$47,700 3 people
				\$53,000 4 people
1 Bedroom	60%	\$895	\$26,850	\$44,520 1 person
				\$50,880 2 people
2 Bedroom	60%	\$1,050	\$31,500	\$50,880 2 people
				\$57,240 3 people
				\$63,600 4 people
1 Bedroom	70%	\$950	\$28,500	\$51,940 1 person
				\$59,360 2 people
2 Bedroom	70%	\$1,125	\$33,750	\$59,360 2 people
				\$66,780 3 people
				\$74,200 4 people

- All information on income and assets provided by applicants must be verified prior to occupancy. This qualification and certification process must also be completed annually upon renewal.
- Security deposit is equal to one month's rent.
- Assistive animals for persons with a disability are accepted.
- Pets are not allowed.
- This is a non-smoking community. Smoking is not allowed in any apartment or common areas or within 50 feet of the buildings.

Catholic Charities Housing Office
TENANT SELECTION PLAN
70 DELAWARE AVENUE MIXED INCOME COMMUNITY

May 13, 2021

Catholic Charities Housing Office and the properties 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.

Applications are accepted by mail or fax:

Catholic Charities Housing Office
 43 North Main Avenue
 Albany, NY 12203
 (518) 459-0183

Requests for applications may be made by calling (518) 459-0183. If you require assistance in reading,

OR Management Office
 70 Delaware Avenue
 Cohoes, NY 12047
 Fax: (518) 235-2525

ELIGIBILITY REQUIREMENTS

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

1. Income Requirements & Rental Rates:

Residency in all the apartments is limited to households having moderate to low incomes. Apartments will serve several income groups. Listed below are the current (2020) maximum allowable incomes by household size and unit type, per IRS regulations for the Low-Income Housing Tax Credit (LIHTC) which apply to all units; as well as minimum income requirements established by Catholic Charities Housing Office (CCHO):

Unit size	Income Limit based on % of Area Median Income Levels	Rent Rate (after applicable Utility Allowance Deduction)	Minimum Gross Income Requirement	Maximum Gross Income for Household by Size
1 Bedroom	50% ESSHI PSH	\$1,002*	\$0	\$37,100 1 person
				\$42,400 people
1 Bedroom	40%	\$644*	\$19,320	\$29,680 1 person
				\$33,920 2 people
2 Bedroom	40%	\$787*	\$23,610	\$33,920 2 people
				\$38,160 3 people
				\$42,400 4 people
1 Bedroom	50%	\$823*	\$24,690	\$37,100 1 person
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1 Bedroom	60%	\$895*	\$26,850	\$44,520 1 person
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1 Bedroom	70%	\$950*	\$28,500	\$51,940 1 person
				\$59,360 2 people
2 Bedroom	70%	\$1,125*	\$33,750	\$59,360 2 people
				\$66,780 3 people
				\$74,200 4 people

* These amounts are subject to change based on the calculated utility allowance

(These income limits were updated April 18, 2022 and are subject to periodic change by the U.S. Department of Housing and Urban Development [HUD])

Third Party Verification of Household Income Sources & Assets

Third party verification of each household member's sources of income and assets will be requested in advance of and/or during the personal interview, and applicant consent allowing CCHO to contact appropriate third-parties to verify income and assets will be requested at this time. Failure to provide third-party documentation, information and/or consent as required by CCHO to verify required income will result in rejection of the application. All income and assets sources for every household member must be reported on the application, including, but not limited to: employment wages, Public Assistance benefits, Social Security benefits, pension, veteran's benefits, unemployment benefits, alimony, child support, income from any assets, bank accounts, retirement savings accounts, any property valued over \$5,000. Failure to report any income or asset will result in rejection of the application.

2. Supportive Housing Program-ESSHI Supported Rental Units

Thirty (30) units in the community provide permanent supportive housing for homeless households, funded through NYS Empire State Supportive Housing Initiative (ESSHI). Applicants to the 30 ESSHI units only must meet the following eligibility requirements to qualify:

- Head of household must be 62 years of age or older, OR 55 years old or older with a documented disabling condition
AND
- Head of household must be homeless as defined below OR a formerly homeless resident in another Permanent Supportive Housing Program for homeless (included in a Continuum of Care Housing Inventory Count), who is at risk of homelessness due to needs that cannot be met by that project, and requires the accommodations and enhanced support services of CCHO's ESSHI funded program

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 **AND** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Tenant eligibility for ESSHI-supported units will be determined through proof of age, proof of homeless or formerly homeless status, and proof of documented disability for those applicants 55-61 years of age, in addition to other eligibility requirements outlined in this document.

MRT SET ASIDE-ESSHI SUPPORTED UNITS

At least 25% of the ESSHI supported units are required to be leased to MRT eligible individuals (high-cost, high-need Medicaid users who are homeless and have a disability). The qualifying individuals must meet the identified eligibility categories as identified in the definition of MRT Eligible Individuals as per NYS Department of Health.

3. Criminal History & Background Checks

Applicants to Catholic Charities Housing must agree to a Criminal Background Check, including all adults in households and live-in aides. 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. Applicants with a criminal record for offenses that involved physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people will not automatically be denied. Management will complete an individualized assessment according to NYS Homes and Community Renewal guidelines. The assessment will allow for applicants to review, contest and explain the information contained in the criminal record check and to present evidence of rehabilitation. Applicants with a criminal record will be provided with the Know Your Rights materials at the time more information is requested and in the event of a rejection.

4. Credit Worthiness

A. For Affordable Rental Units (non-ESSHI-supported):

1. Applicants will be screened for creditworthiness. Applicants will not automatically be denied due to low credit scores or negative credit history. An individualized assessment will be conducted in accordance with HCR's Individualized Assessment Credit Worksheet Applying New York State Credit Policy for Applicants to State-Funded Housing. If additional information from the applicant is needed, the request for additional information will be made in writing and the applicant will have 14 business days to submit relevant information or documentation to explain or mitigate negative findings. The applicant will also be provided with HCR's "Know Your Rights" materials at the time a request for more information is made. If the applicant is denied as a result of the assessment, the applicant will be provided with the Know Your Rights information for a second time and given 14-business days to appeal. All appeals will be handled at the "Director" level and by someone other than he/she who issued the denial.
2. For ESSHI-Supported Rental Units (Supportive Housing for Homeless Households) applicants will not be screened for creditworthiness.

5. Utility Account Qualification

The applicant must qualify for an account with the utility company providing fuel for the heat, hot water and electric service for the rental unit. Verification of the utility account and service being turned on will be verified by CCHO prior to lease signing.

6. Personal Interview

The applicant must successfully complete a personal interview with the Property Manager. Applicants to the ESSHI-supported units for homeless households must also complete an interview with the ESSHI Program Case Manager. He/she must respond appropriately to a standard questionnaire.

Applicant screening is targeted to determine the likelihood that an applicant will be able to meet the essential requirements of tenancy as expressed in the lease. These essential requirements are summarized as follows:

- To pay rent in a timely manner.

- To care for and avoid damaging the unit and common areas.
- To create no health, safety or sanitation hazards for self or others.
- To avoid criminal activity that threatens the health, safety or rights of others.
- To comply with health and safety codes and to report maintenance needs.
- To support in actions and behaviors the quiet enjoyment of premises by self and other residents.

7. **Family Composition & Unit Size**

Housing Quality Standards allow two persons per living/sleeping room. CCHO does not limit who shares a bedroom/sleeping room. Applicable Low Income Housing Tax Credit (LIHTC) regulations require a minimum of two household members for 2-bedroom units. Otherwise, guidelines for occupancy are:

- Two persons per bedroom
- Single persons are eligible for a one bedroom.

Exceptions from the maximum occupancy 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, if permissible by local Code requirements.

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

Due to federal regulations (Internal Revenue Code 42(i)(3)(d)), households comprised of all full-time students may not live in Low Income Housing Tax Credit projects, and full-time students who are heads of households may not live in Low Income Housing Tax Credit projects 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;
- Households comprised of married full-time students filing a joint tax return.

TENANT SELECTION

1. Tenant Selection for available rental units without special accessibility design features is done as follows:

A. **Affordable Rental Units (non-ESSHI Supported):**

A separate waiting list will be maintained for apartments based on income restrictions. Applicant households may be placed on waiting lists for multiple AMI-level rental units and/or unit-sizes, if information supplied on a completed application indicates the household is not ineligible. Selection of Applicants from the Waiting List for openings of units in the Affordable Rental Units (non-ESSHI supported) is done in this order: the next eligible applicant on the waiting list for the AMI-level restriction applicable to the available rental unit.

B. **ESSHI Supportive Housing Units for Homeless Households:**

Intake, assessment and referrals are coordinated through the Albany County Coordinated Entry, a centralized application and admission process with other CoC funded housing programs in that county. Referrals from other Permanent Supportive Housing Programs for seniors at imminent risk of homelessness and requiring the accommodations and support services of the ESSHI funded program will also be accepted. If you are homeless in Albany County contact HATAS at (518) 463-2124 or go to <https://caresny.org/system-planning/#503> ACCH to complete a Coordinated Entry Assessment for this and other homeless housing programs in the county.

2. **Eligibility & Tenant Selection for Accessible Units**

To qualify for units designed with mobility-impaired, hearing and/or vision impaired accessibility design features an eligible household head or co-head must have a mobility impairment or physical disability. *A person with a degenerative condition that will result in mobility impairment, if otherwise eligible, is also eligible for an accessible unit. Written verification of the mobility impairment from the attending physician will be required.

* For units designed with mobility-impaired accessibility features, the applicant's mobility impairment or physical disability must necessitate the need for all of the special design features of our accessible apartments as follows:

- Wider doorways throughout the apartment
- Lowered kitchen counter and cabinets
- Roll-in kitchen sink (sink with cut out for wheelchair access)
- Additional grab bars in the bathtub/shower
- Specially designed hand-held shower

Units designed with accessibility features for hearing or vision impairments only require written verification of the impairment and need for these design features by an attending physician.

Tenant Selection for Accessible Apartments is done in this order:

- A. Current tenant
- B. The next eligible qualified applicant on the Waiting List who is mobility/vision/hearing impaired and needs an assessable unit.
- C. The next eligible qualified applicant on the Waiting List who is not mobility impaired and does not need an accessible unit. However, the tenant's lease will include a provision that the tenant will move to a standard unit when the next standard unit becomes available and a household from A or B above is available to move into the accessible unit.

WAITING LIST PROCEDURE

Upon receipt of a complete application, CCHO will screen the information provided on the application to determine if the household meets applicable income and household composition requirements for the rental unit for which they are applying. Any application that is incomplete will be returned to the applicant so that they can provide the missing information before the application can be added to the waiting list. If the information provided does not render an application ineligible, CCHO will place the applicant's name on the waiting list. Note: It is the policy of CCHO that waiting lists for any of its rental units remain open; waiting lists are never closed to applicants.

When a vacancy occurs, the Housing Manager refers to the Waiting List and contacts the next person(s) on their List (at the "top of the List"), requesting that they come in to the office for an eligibility appointment.

If at the time of the eligibility appointment the applicant appears to be qualified for the apartment and wishes to lease the unit, the applicant will deposit with CCHO a security deposit equal to one month's rent which will hold the unit for them until the applicant signs the lease and takes responsibility for the lease requirements. Applicants to the ESSHI-Supported units for homeless households will not be required to make a security deposit. If during the application processing it is determined that the applicant is not eligible for the apartment, the security deposit will be returned to the applicant. If, after depositing the security deposit and CCHO has started to process the application, the applicant withdraws the application for any reason, refuses the unit upon completion of application processing, or is determined to be ineligible, the security deposit will be refunded to the applicant.

Applicants may choose not to be considered for an apartment at the time they are contacted for the eligibility appointment and may request that they remain on the waiting list; their name will then go to the "bottom" of the waiting list. If there are no successful candidates for an apartment or found within the first contact group, the Housing Manager will re-visit the Waiting List and contact the next person(s) on the list, and so on.

Applicants who repeatedly (three times) turn down the opportunity for an eligibility appointment will be removed from the Waiting List. Applicants who successfully complete the eligibility process and are consequently offered an apartment but refuse the apartment are removed from the Waiting List. Applicants will also be removed from the Waiting List if: the applicant no longer meets the eligibility requirements for the property; or, the applicant fails to respond to a written notice for an eligibility interview; or, mail sent to the applicant's address is returned as undeliverable; or if the family size changes the size of the unit needed and such size unit does not exist among CCHO's managed properties. In all cases, those applicants who have been removed from the Waiting List must reapply in order to be considered for an apartment once again. Upon reapplication, the applicant will be placed at the bottom of the waiting list.

CCHO's Property Manager may contact applicants on the Waiting List via phone or send an update survey by mail requiring applicants to reaffirm their interest in remaining on a waiting list. Non-responders will be removed from the Waiting List. Note: Should an applicant have a change in address, it is their responsibility to notify the Property Manager so that the waiting list information may be kept accurate and up-to-date.

APARTMENT TRANSFERS

In order for a resident to transfer to another apartment within the community, the resident must meet one of the following criteria:

- Have experienced a change in household composition
- Requires a Reasonable Accommodation for a disability. Per New York State Human Rights Law definition, a disability means: (a) a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques, or (b) a record of such an impairment, or (c) a condition regarded by others as such an impairment.
- Is exercising rights under Violence Against Women Act (VAWA) outlined below for an emergency transfer request

If a resident meets one of these criteria, which must be verified, and is qualified for the new apartment, they will be placed on the transfer list in the order in which the request for transfer is approved. Persons on the transfer list will have priority over persons on the waiting list when an appropriate unit becomes available. If a household on the transfer list refuses an appropriate unit when it becomes available, they will be moved to the bottom of the transfer list.

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.

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.

Per New York State Human Rights Law definition, a disability means: (a) a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques, or (b) a record of such an impairment, or (c) a condition regarded by others as such an impairment. 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 Support Services, the assigned Section 504 Coordinator, at (518) 459-0183 ext: 19 or Claire.Laurange@ccrcda.org.

TERMS OF RESIDENCY

- Each eligible qualified applicant who accepts an apartment 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.
- A Security Deposit equal to the unit rental rate 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.

TERMS OF LEASE RENEWAL

Tenants will be required to submit to a household income re-certification process prior to a renewal of the lease, which is administered by CCHO. Written notification of required income documentation will be provided at least 60 days in advance of the end term date of the lease in effect. Failure to supply requested certification information may also lead to non-renewal of the lease. A minimum of 30 days advance written notice will be provided by the landlord in the case that the lease will not be renewed at the end of the lease term.

REJECTION CRITERIA

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

1. Failure to meet any one or more of the Tenant Selection Criteria listed in this document.
2. Violent criminal behaviors that would threaten the safety of the premises for other residents, the site's employees, contractors or agents after an individualized assessment is performed in accordance with New York State Homes and Community Renewal's Justice-Involvement Policy.
3. 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.
4. Inability/unwillingness to disclose and document all income sources and identification documentation required for all household members.
5. Failure to sign and submit all required verification consents.

REJECTION PROCEDURE & GRIEVANCE POLICY

1. A letter is sent to the applicant, informing him/her of the rejection and the reason(s) for the rejection.
2. The applicant is advised in this letter that he/she has fourteen (14) business days to request review of the rejection. The applicant may request a meeting with the Catholic Charities Housing Office staff reviewer to appeal the rejection.
3. A Catholic Charities Housing Office staff member, not the staff member who made the initial decision on the application, will review the application and the decision to reject the applicant.
4. To the extent practicable, this review will be completed within five (5) business days of the applicant's request for review. However, it may not be possible to complete an in-person meeting review within five (5) business days. Such a meeting will be scheduled as soon as possible.
5. The applicant will be sent a written, final determination within five (5) business days of completion of this review.



**EQUAL HOUSING
OPPORTUNITY**

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.

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.

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 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

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Form

(12/2016)

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.

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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.

The Delaware



Rental Application



The Delaware
 c/o Catholic Charities Housing Office
 43 North Main Avenue
 Albany, NY 12203
 Phone: (518) 459-0183, TTY

For Office Use Only:
 Preference Eligibility: _____
 Unit size _____
 HCV _____

ALL HOUSEHOLD MEMBERS MUST BE LISTED ON THE APPLICATION. PLEASE PRINT ALL INFORMATION.

APPLICANT CONTACT INFORMATION			
APPLICANT NAME		CURRENT STREET ADDRESS	
HOME PHONE ()		CITY, STATE, ZIP	
MOBILE PHONE ()	WORK PHONE	CURRENT MONTHLY RENT	
REASON FOR MOVING		EMAIL	
HOW DID YOU HEAR ABOUT US?			
CURRENT LANDLORD NAME AND ADDRESS, CITY, STATE, ZIP CODE			

HOUSEHOLD INFORMATION
Please list all persons who will live in the apartment or join the household in the next 12 months, their relationship to the head of household, social security number, date of birth and full-time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the current calendar year. Include Grades K-12, College, University, Trade and Mechanical Schools.

HEAD OF HOUSEHOLD INFORMATION			
NAME (FIRST MIDDLE LAST)	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #	
	HEAD		
ALL STATES LIVED:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)
		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	

FOR ADDITIONAL HOUSEHOLD MEMBERS: Please complete each of the following sections for each individual household member.

NAME (FIRST MIDDLE LAST)	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #	
ALL STATES LIVED:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)
		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #
ALL STATES LIVED IN:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #
ALL STATES LIVED IN:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

Additional Information

What size apartment are you applying for?	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	
Would you benefit from special features of an accessible apartment?	<input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you consider yourself or another adult household member to be frail elderly?		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or another adult household member a veteran?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you own a pet? If yes, list type and weight: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any household member been convicted or are in the process of being convicted for a felony?	If yes, date of conviction:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any household member been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member subject to any state lifetime sex offender registrations requirement?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If applicable, do all the children in the household live with you 50% or more of the time?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you or any adult household member require a live-in care attendant to live independently?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your reason for moving due to a domestic violence, dating violence, sexual assault, or stalking situation?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does anyone in the household have a housing choice voucher or is receiving housing assistance from another source?		<input type="checkbox"/> YES <input type="checkbox"/> NO

*If you or any member of your household is disabled and require an accommodation to fully use our property, please complete a reasonable accommodation request (forms can be obtained from the rental office).

Income & Assets

Include income and assets for **ALL** household members, including children's income and assets.

LIST ALL INCOME SOURCES:

This includes, but is not limited to Full and or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, SSD, SSP, Armed Forces/Reserves, Unemployment, Disability, Child Care, Spousal Maintenance (Alimony), Child Support, Student Grants/Stipends, Rental Income, Gift Income, regular payouts from Annuities, 401Ks and IRAs

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT

* Attach pages as needed for additional sources of household member income.

LIST ALL ASSETS:

This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMA's, CD's, Brokerage accounts, Stocks, Bonds, Retirement Accounts including IRA, Roth, Keogh, 401K and 403B, Annuities, Whole Life Insurance Policies, Funded/Pre-paid Debit Cards, and on-line accounts (PayPal, DraftKings, etc.).

Please check all assets that you have:

CHECKING	SAVINGS	CD	STOCK	RETIREMENT	LIFE INSURANCE	FUNDED	DEBIT	OTHER	TOTAL VALUE OF ALL ASSETS:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU OWN REAL ESTATE?		MARKET VALUE:			IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:				
<input type="checkbox"/> YES <input type="checkbox"/> NO									

By signing this application below, I/We understand I/We am giving permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I/We understand that management is relying on this information to prove my household's eligibility for an apartment. I/We understand that I/We can provide management with proof that I/We have paid my rent in full and on time for the past 12 months, or evidence that I/We have a rental subsidy that pays the full rent, in lieu of management obtaining a Consumer Report. I/We understand that a personal interview must be held and all income and assets will be verified. I/We understand that the approval of my application is contingent upon meeting the properties tenant selection criteria and the Housing Program requirements. Applicant understands that if any information relied upon by management in approving this application is deemed to be incorrect or untrue, it will be considered a material breach of the Lease and the Owner may evict the Tenant from the premises and exercise any other remedies permitted by law. I/We also understand that such an action may result in criminal penalties. Submission of false statements are punishable under Federal Law and could result in the cancellation of a lease agreement. Please initial that you have read this section:

If accepted, I/We certify this apartment will be my sole residence. This application creates no obligation for the Owner or Applicant.

Head of Household: _____ Date: _____

Co-Head: _____ Date: _____

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, religion 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. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

PLEASE CIRCLE ONE: White Black PLEASE CIRCLE ETHNICITY: Hispanic/Latino Not Hispanic/Latino
PLEASE CIRCLE ONE: Male Female

FOR OFFICE USE ONLY

DATE RECEIVED	TIME RECEIVED AM PM	RECEIVED BY:
---------------	-------------------------------	--------------