

ODS MANAGEMENT INC.
P.O. BOX 211, Akron, New York 14001
Phone (716)542-3030 or 1-888-542-3031
Hearing Impaired - NYS Relay Service 1-800-662-1220

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

| | |
|-----------------------------|------------------------------------|
| For Office Use Only: | |
| Date Rec'd _____ | Time Rec'd _____ |
| Income Level _____ | Extremely Low _____ Very Low _____ |
| No. Bdrms. _____ | Down _____ Up _____ |

| | |
|---|--|
| This is an application for housing at: | Project: LEISURETIMER'S APARTMENTS |
| | Address: 364 Bloomingdale Road, Akron, NY 14001 |
| | Phone: 585-542-5984 |
| Please complete this application and return to: | Name: ODS Management Inc. |
| | Address: P.O. Box 211, Akron, NY 14001 |
| | Phone: 716-542-3030 Fax. 716-542-2111 |
| | Web: www.odsmgmt.com |

THIS APPLICATION MUST BE COMPLETED IN ALL SECTIONS. LEGAL NAMES OF EACH HOUSEHOLD MEMBER MUST BE USED. ALL INFORMATION IS CONFIDENTIAL.

(If you are unable to complete this application, someone may complete it with you. That person must sign at the K. AUTHORIZATION to acknowledge completing the application for you. If you need additional assistance, please contact our office).

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: 1-BR APT. 2- BR APT. Wheelchair Accessible APT.



B. HOUSEHOLD COMPOSITION

| | Name | Relationship to head | Birth Date | Age (optional) | SS# | Student Y/N |
|------|------|----------------------|------------|----------------|-----|-------------|
| Head | | | | | | |
| Co-T | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain:

Will all of the persons in the household be or have been full-time students during 12 calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

| | | |
|---|------------------------------|-----------------------------|
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her children who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE ANSWER THE FOLLOWING QUESTIONS:

| | | |
|--|------------------------------|-----------------------------|
| Are you a U.S. citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently considered "permanently disabled"? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|--|----------------------|
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | | |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Title IV/TANF | \$ |
| | | |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Financial Aid (grants & scholarships | \$ |
| | exceeding of the amount of tuition may have to | |
| | be included in total income) | |
| | | |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | | |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| | | |
| | Scheduled Payments from Investments | \$ |



| Household Member Name | Source of Income | Monthly Amount |
|--|---|--|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | \$ |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | | \$ |
| Do you anticipate any changes in this income in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |
| | | |
| | | |
| Is the income received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

| | | | | |
|-----------------------|-------|---------------|-------------------------|----------|
| Checking Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Savings Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Trust Account | # | Bank | Balance \$ | |
| | | | | |
| Certificates | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Credit Union | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | | | | |
| Life Insurance Policy | # | | Cash Value \$ | |
| Life Insurance Policy | # | | Cash Value \$ | |
| | | | | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | | | | |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | | | | |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Investment Property | | | Appraised Value \$ | |



| | |
|---|--|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, Type of property</i> | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe:</i> | |
| | |
| | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Have you sold/dispensed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, Type of property:</i> | |
| Market value when sold/dispensed | \$ |
| Amount sold/dispensed for | \$ |
| Date of transaction: | |

| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe the asset:</i> | |
| Date of disposition: | |
| Amount disposed | \$ |
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, please list:</i> | |
| | |

| | |
|--|--------------------------------|
| E. MEDICAL EXPENSES – Complete this section ONLY if the head of household or the co-tenant is 62 years or older OR disabled regardless of age. | |
| Do you pay monthly Medicare Premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes Monthly Amount \$ |
| Do you pay monthly Medical Insurance Premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes Monthly Amount \$ |
| <i>If Yes Name of Supplemental Insurer:</i> | |
| Anticipated annual out-of-pocket Medical Expenses Not Covered By Insurance or Reimbursed list below: | |
| Physician Expense Amount \$ | Prescription Expense Amount \$ |
| Other Medical Expenses Amount \$ | |
| Describe The Expense: | |



F. CHILD CARE EXPENSES – Complete this section **ONLY** if you have children 12 years or younger and your child care expense allows you to work or to attend school.

Monthly Child Care Expense \$ Reason For The Expense:

Names of Children Receiving Child Care:

Name & Address of Child Care Provider:

G. DISABILITY ASSISTANCE EXPENSES – Complete only if these expenses are necessary to enable Any family member 18 years of age or older who may or may not be the member who is a person with Disabilities to be employed.

Auxiliary Apparatus Expense \$ Reason For The Expense:

Monthly Attendant Care Expense \$ Reason For The Expense:

H. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? Yes No

Have you or any member of your family ever been convicted of a felony? Yes No

If yes, describe:

Have you or any member of your family subject to State lifetime sex offender registration in any State? Yes No

If yes, Please provide household member name and state where registered as a Lifetime sex offender.

Please list all states where you and members of your family have resided.

Have you or any member of your family ever been evicted from any housing? Yes No

If yes, describe

Have you ever filed for bankruptcy? Yes No

If yes, describe

Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying:



I. REFERENCE INFORMATION

| | | |
|------------------|-------------|--|
| Current Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |

| | | |
|----------------|-------------|--|
| Prior Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |

| | |
|----------------------|----------|
| Credit Reference #1: | |
| Address: | |
| Account #: | Phone #: |

| | |
|----------------------|----------|
| Credit Reference #2: | |
| Address: | |
| Account #: | Phone #: |

| | |
|-----------------------------------|----------|
| Non-Family Personal Reference #1: | |
| Address: | |
| Relationship: | Phone #: |

| | |
|-----------------------------------|----------|
| Non-Family Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |

| | |
|------------------------------|----------|
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

| | |
|---|------------------|
| J. VEHICLE, PET AND ASSISTANCE ANIMAL INFORMATION (if applicable) | |
| List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle. | |
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |



| | | |
|------------------------------------|-----|----|
| Do you own any Pets? | Yes | No |
| <i>If yes, describe:</i> | | |
| Do you own any Assistance Animals? | Yes | No |
| <i>If yes, describe:</i> | | |

K. AUTHORIZATION: (please read carefully and sign below this statement.) I/We do hereby authorize the staff of ODS Management Inc. to contact any person, agency, office, group or organization to obtain and verify any information deemed necessary to complete my/our application for housing in the property managed by O.D.S. Management Inc.. I/We agree to hold harmless O.D.S. Management Inc. and any landlord or person listed above from any all claims I/we may have for the contents of the information disclosed and for the disclosure and use of this information.

Signature of Applicant

Date signed

Signature of Co-Tenant

Date signed

Signature of Co-Tenant

Date signed

Signature of Co-Tenant

Date signed

*Signature of person completing application for applicant

Date signed



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 plan. 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.

SIGNATURE (S):

| | |
|--------------------------|------|
| (Signature of Tenant) | Date |
| (Signature of Co-Tenant) | Date |
| (Signature of Co-Tenant) | Date |
| (Signature of Co-Tenant) | Date |

VERIFICATION: A PHOTOCOPY MUST BE ATTACHED TO YOUR COMPLETED APPLICATION

1. Elderly Status (62 or older) – copy of birth certificate or drivers license.
2. Disabled Status – copy of SSI or SSD award, or statement by a qualified person. The nature of the disability does not have to be disclosed.
3. ALL HOUSEHOLD MEMBERS - copy of birth certificate or driver’s license.

Information for Government Monitoring Purposes

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

For Head of Household only:

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race (mark one or more)

1. American Indian/Alaska Native _____

2. Asian _____

3. Black or African American _____

4. Native Hawaiian or Other Pacific Islander _____

5. White _____



APPLICANT EMPLOYED OR UNEMPLOYED CERTIFICATION

Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:

- I hereby certify that the following adult household members are not presently employed and do not intend to resume employment in the foreseeable future.

- I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify O.D.S. Management immediately when they become reemployed.

- I hereby certify that the following adult household members are currently employed. I agree to notify O.D.S. Management should their employment status change.

Applicant Signature & Date

Applicant Signature & Date

Applicant Signature & Date

Applicant Signature & Date

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Rural Development Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

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

Penalties for Committing Fraud

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

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

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

How To Complete Your Application

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

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:

- Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
- Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
- Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
- Any income you expect to receive, such as a pay raise or bonus.

- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:

- Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
- Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

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

Before You Sign the Application

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

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

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

Tenant Recertification

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

You must **immediately** report:

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

For your annual recertification, you must report:

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

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

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

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

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

If You Disagree With a Decision

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

Notice of Adverse Action

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

Grievance Process Overview

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

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

When a Grievance Is Legitimate

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

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

Program Aid 1998
December 2008
Slightly Revised June 2013

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



ODS MANAGEMENT INC.

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Phone: 716-542-3030/ FAX: 716-542-2111
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NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

LEISURETIMER'S APARTMENTS

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 the Section 8 Housing Assistance Payment Contract is 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 the Section 8 Housing Assistance Program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the Section 8 Housing Assistance Program, 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 the Section 8 Housing Assistance Program 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

LEISURETIMER'S APARTMENTS 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 LEISURETIMER'S APARTMENTS chooses to remove the abuser or perpetrator, LEISURETIMER'S APARTMENTS may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the

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.

Form HUD-5380 (12/2016)

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



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evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, LEISURETIMER'S APARTMENTS 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/USDA-RD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, LEISURETIMER'S APARTMENTS must follow Federal, State, and local eviction procedures. In order to divide a lease, LEISURETIMER'S APARTMENTS 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, LEISURETIMER'S APARTMENTS 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, LEISURETIMER'S APARTMENTS 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.

LESIURETIMER'S APARTMENTS 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.

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

Form HUD-5380 (12/2016)



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

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

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

If LEISURETIMER'S APARTMENTS 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), LEISURETIMER'S APARTMENTS 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, LEISURETIMER'S APARTMENTS does not have to provide you with the protections contained in this notice.

Form HUD-5380 (12/2016)

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Confidentiality

LEISURETIMER'S APARTMENTS 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.

LEISURETIMER'S APARTMENTS must not allow any individual administering assistance or other services on behalf of LEISURETIMER'S APARTMENTS (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.

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

- You give written permission to LEISURETIMER'S APARTMENTS to release the information on a time limited basis.
- LEISURETIMER'S APARTMENTS 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 LEISURETIMER'S APARTMENTS or your landlord to release the information.

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

Form HUD-5380 (12/2016)



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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, **HUD Buffalo, NY office 716-551-5755 or USDA-RD Batavia, NY office 585-343-9167.**

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

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

For questions regarding VAWA, please contact **HUD Buffalo, NY office 716-551-5755 or USDA-RD Batavia, NY office 585-343-9167.**

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 **YMCA Genesee – Domestic Violence Program 585-343-7513** (provides residential & non-residential domestic violence services).

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 **NYS Hotline for Sexual Assault & Domestic Violence 1-800-942-6906.**

Victims of stalking seeking help may contact **The National Center for Victims of Crime 1-855-484-2846** or visit <http://victimsofcrime.org/our-programs/stalking-resource-center>

Attachment: Certification form HUD-5382

Form HUD-5380 (12/2016)

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

**ODS MANAGEMENT INC.**

P.O. Box 211, Akron, NY 14001

Phone: 716-542-3030/ FAX: 716-542-2111

TDD-NYS RELAY SERVICE ONLY: 1-800-662-1220**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.

Form HUD-5382 (12/2016)

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TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

| |
|---|
| <p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|

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.